An Overview of
Maine Department of Health and Human Services Use of
Tobacco Settlement Fund (Fund For A Healthy Maine) Allocations
SFY 08 and SFY 09

CHALLENGES

RESULTS

January 2009

Some Highlights

64% High school smoking dropped by 64% from 1997 to 2007.

73% Middle school smoking dropped by 73% from 1997 to 2007.

#1 Maine is the first and only state to receive perfect grades in each of the American Lung Association's State of Tobacco Controls report's four categories. Maine received all "A"s for its smoke-free air, tobacco-prevention spending, cigarette tax, and restriction of youth access.

30% In 2007, cigarette consumption has dropped 30% since 2000.

35% More than 35% of callers to the Maine Tobacco HelpLine who receive counseling and medications report not smoking six months later.

30,000 The Dental Subsidy Program supported over 30,000 dental services for about 16,500 individuals in SFY 2008.

45% The percentage of high school students who report ever having sexual intercourse dropped from 52% in 1997 to 45% in 2007.

37.7 The pregnancy rates of 15- to-19 year olds dropped from 46.1 per 1000 in 1997 to 37.7 per 1000 in 2007.

3762 The number of students that used services offered by their School Based Health Centers in 2007.

21,595 Home visits were made in 2008.

39% In 2008, lifetime alcohol use decreased 39% for middle school (grades 6-8) students since 2000.

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Maine DHHS Fund For A Healthy Maine
SFY 08 and 09 Allocations*

June 07 – June 09

Program Category	FY 08 (in millions)	FY 09 (in millions)
Maine Center for Disease Control and Prevention		
Tobacco & Tobacco-Related Diseases		
Tobacco Prevention & Control (Including cessation, evaluation, education, and counter-marketing media)	6.778	7.367
Community/School Grants and Statewide Coordination	8.033	8.352
School-Based Health Centers	.6274	.6275
Oral Health	**1.113**	**1.016**
Sliding Fee Scales	.8510	.6440
Start-up & Expansion of Community-Based Programs and Case Management	.2200	.3300*
Donated Dental Services	.0420	.0420
Community Family Planning	**.4680**	**.8840**
Human Leukocyte Antigen Program	**.0930**	**.0930**
Influenza and Pneumonia Vaccines	**1.258**	**1.258**
Local Essential Public Health Services	**1.370**	**1.470**
Office of Child and Family Services		
Home Visits	5.382	5.432
Child Care/Child Development (Total)	4.310	4.605
Head Start	1.562	1.582
Purchased Social Services	4.55	4.605
Office of Substance Abuse	**6.570**	**6.554**
MaineCare Initiatives (Total)	**22.629**	**24.838**
Low-Cost Drugs for the Elderly	11.824	13.912
Service Center	0.699	0.703
MAP Provider Account (Including other health initiatives such as SCHIP)	9.547	8.964
Division of Licensing and Regulation		
Personal Services		.657
All Others		.046

Figures are rounded

** The $0.3300 million includes $10,000 for school-based health centers, and for FY 09 the balance ($0.32 million) will be going to the subsidy program.*

Maine CDC, Fund For A Healthy Maine Allocation History

Maine Department of Health and Human Services/ Maine CDC Fund For A Healthy Maine

	SFY 01 FHM Allocation (in millions)	SFY 02 FHM Allocation (in millions)	SFY 03 FHM Allocation (in millions)	SFY 04 FHM Allocation (in millions)	SFY 05 FHM Allocation (in millions)	SFY 06 FHM Allocation (in millions)	SFY 07 FHM Allocation (in millions)	SFY 08 FHM Allocation (in millions)	SFY 09 FHM Allocation (in millions)
Tobacco-Related Allocations	$7.950	$4.700	$6.500	$6.525	$6.225	$6.210	$6.54	$6.778	$7.367
Community/School Grants	$8.350	$7.690	$7.690	$7.690	$7.650	$7.883	$7.883	$8.740	$9.060
Local Essential Public Health Services Allocation	(None)	(None)	(None)	(None)	(None)	(None)	(None)	$1.370	$1.470
Oral Health Allocation	$0.950	$0.950	$0.950	$0.950	$0.950	$0.986	$1.011	$1.113	$1.016
Home Visits Allocation	$4.800	$4.300	$4.300	$4.300	$4.600	$4.591	$4.716	$5.382	$5.430
Family Planning Allocation	$0.400	$0.400	$0.400	$0.400	$0.400	$0.390	$0.410	$0.460	$0.884

Other Sources of Funds in SFY 08 & SFY 09 for these programs:

- Family Planning's other sources include: Federal Funds (Social Services Block Grant = SSBG $0.526 million) and State General Funds ($0.784 million, which includes Community Family Planning, Primary Prevention, and SSBG State Match). Other government funds for Family Planning include Federal Title X Funds ($1.59 million) and Medicaid patient reimbursement ($1.16 million).
- Partnership For A Tobacco-Free Maine also receives $1.059 million in SFY 08 and $.795 million in SFY 09 from Federal Centers for Disease Control (CDC) for statewide support of selected tobacco activities. For instance, these funds pay the salaries of eight staff members, many of the program's overhead expenses (rent, etc.), enforcement of tobacco laws, and some statewide coordination of local interventions (such as training conferences and newsletters). In addition, these funds provide support for initiatives that address populations who have health disparities related to tobacco use. Also, in FY 08/09 the Partnership For A Tobacco-Free Maine was awarded $221,250/$177,000 (included in the $1,059,981/$795,008* amount from CDC) to enhance the State-funded Maine Tobacco HelpLine.

**This was a nine-month extension*

Note: Dollar amounts referenced throughout the rest of this document refer to FY 08 allocations unless otherwise noted.

History of Tobacco-Related Allocations

History of State/Federal Funding For Tobacco Prevention/Cessation In Maine

Prior to 1993, there were no State or Federal funds for tobacco prevention or cessation in Maine, despite tobacco use being our biggest underlying cause of death. In 1993, a grant of $750,000 from the National Cancer Institute (NCI) was awarded to Maine. This money came to the Bureau of Health and created the Maine ASSIST Program. Seven State positions were created—five professional and two support staff. The focus of this program was to create local support across the state for tobacco prevention and control.

In November 1997, the tobacco excise tax was raised from 37¢ to 74¢ per pack, with a resulting $3.5 million allocated to the Bureau of Health for tobacco prevention and control. These funds represented the first State funds ever appropriated for tobacco prevention and control. No new Bureau staff were added with these funds. Meanwhile, the Federal source of tobacco funds was changed from NCI to the Centers for Disease Control and Prevention (CDC). These funds were then added to the tobacco excise tax funds to create the Partnership For A Tobacco-Free Maine (PTM) with a focus on: community and school interventions to reduce tobacco consumption; media to change the culture surrounding tobacco, to reduce youth smoking, and to counter the Tobacco Industry's mass media campaigns; and enforcement of tobacco laws (using CDC funds). The structure and strategies used by PTM follow program guidelines recommended by the CDC.

For fiscal years 1998 and 1999, PTM relied on the tobacco excise tax funds for its State funding. It also continued to receive about $0.75 million from the CDC for support of the seven State positions as well as for some statewide coordination (including tobacco law enforcement).

Starting fiscal year 2000, the $3.5 million funding from the tobacco excise tax ended. Instead, that year PTM received $3.5 million from the tobacco settlement. Federal CDC monies continued, and for this fiscal year, the Bureau of Health also received $0.4 million from the Food and Drug Administration (FDA) for tobacco enforcement. Funding for enforcement ended in June 2000 with the Supreme Court's decision that disallowed the FDA from controlling nicotine.

Maine Center for Disease Control and Prevention
Fund For A Healthy Maine Programming

Partnership For A Tobacco-Free Maine

Tobacco Prevention and Control Allocation: ($6.778 million)

This allocation includes treatment, cessation, public education, counter-marketing media, and evaluation. Funding supports strategies that are designed to directly and specifically impact tobacco use such as the Maine Tobacco HelpLine, training for healthcare professionals in delivering treatment for tobacco dependence, medication voucher program, counter-marketing media and statewide educational materials, other targeted prevention and cessation initiatives, as well as evaluation of these activities, staff positions in the Maine CDC to manage this work (.262 mil), and State administration and indirect costs (.455 mil). Specific uses of this allocation are interdependent. For instance, the statewide media and education efforts motivate and direct Maine people to the HelpLine and the counseling and pharmaceuticals available through it.

The following are brief descriptions of interlocking components which together make up a comprehensive tobacco program.

Public Education and Media: ($2.478 million)

CD&M Communications, Portland. First contract awarded 1998.
Re-bid and awarded 2002-2006 and 2006-2010.

These funds support a variety of educational interventions and social marketing efforts including:

- educational materials for distribution to schools, healthcare providers, and members of the public on quitting tobacco and discouraging initiation of tobacco use
- research-driven and -tested messages to counter Tobacco Industry advertising and influence
- educational materials creating awareness that secondhand smoke is deadly
- materials that assist population groups who are disproportionately affected by tobacco use
- messages and materials to raise awareness about the availability and effectiveness of the HelpLine
- messages about the dangers of tobacco use
- youth-directed counter-marketing messages to prevent tobacco use initiation
- materials and training to support the community and school efforts

Tobacco Treatment Contract: ($1.800 million)

Center for Tobacco Independence, MaineHealth®, Portland. First contract awarded 2001.
Re-bid and awarded 2004-2010.

Provides statewide toll-free telephone counseling for tobacco users — the Maine Tobacco HelpLine, outreach and support for pregnant women who smoke, management of the medication voucher program, and training of healthcare providers and tobacco treatment specialists.

Tobacco Treatment Pharmaceuticals: ($.9000 million)

Goold Health Systems, Augusta. First contract awarded 2001. Re-bid and awarded 2004-2010.

Provides free tobacco treatment medication vouchers to those who have no insurance benefit for tobacco treatment medications and who are ready to quit. Nicotine replacement medications provided include patch, gum, and lozenges.

Evaluation: ($.690 million)

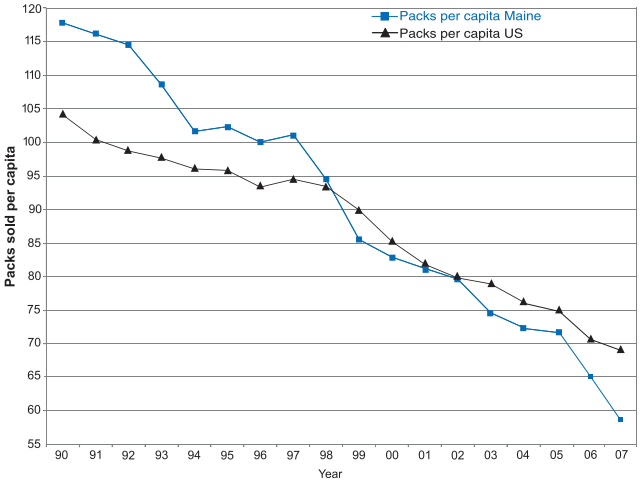
This allocation supports independent evaluation of the tobacco-related program components. Evaluation results are used to assess the effectiveness of programming and adjust program strategies and interventions to assure all interventions are highly effective. The evaluation team, led by the Maine Center for Public Health, focuses on the evaluation of the Partnership For A Tobacco-Free Maine (PTM) and the Healthy Maine Partnerships (HMP). The evaluation uses a goal-based approach, establishing performance indicators and milestones of success for each program initiative. The evaluation tracks changes in knowledge, attitudes, and practices among Maine's adult and youth populations. In addition, the evaluation also monitors changes in State and local policies and environments that support improved health. Following practices approved by the US CDC, the Maine-based evaluation team is able to compare evaluation findings to other states with similar programs.

A portion of the evaluation budget funds supports the Maine CDC Chronic Disease Epidemiologist and surveillance, including data collection by supplementing the Behavioral Risk Factor Surveillance System (BRFSS) and also analysis of the Maine Adult Tobacco Survey (ATS) questions in the BRFSS. PTM also contributes to the support of youth health surveys, in SFY 2008 the Maine Drug and Alcohol Use Survey (MYDAUS) and in SFY 2009 the newly developed Maine Integrated Youth Health Survey (MIYHS).

Examples of Activities and Successful Outcomes—Tobacco-Related Allocations

The Partnership For A Tobacco-Free Maine (PTM) has implemented one of the most effective long-term prevention and policy efforts in the country. The American Lung Association (ALA) has recognized Maine's success by naming it the first and only state to receive a perfect score in each of the four categories (smoke-free air, tobacco-prevention spending, cigarette tax, and restriction of youth access to buying cigarettes) outlined in the American Lung Association's State of Tobacco Control report. Maine's score in four categories outlined in the ALA State of Tobacco Control report, places Maine first in the country although its score on 'cigarette taxes' dropped to a B in the 3rd year 2007.

Cigarette Consumption—Packs Sold per Capita, Maine & US 1990–2007



While Maine has experienced steep declines in youth smoking and has made significant progress in eliminating exposure to secondhand smoke, the effort to make Mainers tobacco-free is becoming increasingly difficult to achieve. According to the Campaign for Tobacco-Free

Kids, the Tobacco Industry is spending more than $68 million in marketing to Mainers each year, including efforts to target children and young adults. The next generation of smokers is being cultivated among high school students, especially those who do not attend college, or "straight-to-work" 18- to 24-year-olds. Among Maine young adults (18-24), smoking rates remain higher than other age groups, but progress is being made. In 2004, smoking rates among this group were 35%; in 2005 and 2006 these rates dropped to 27% and 28%.

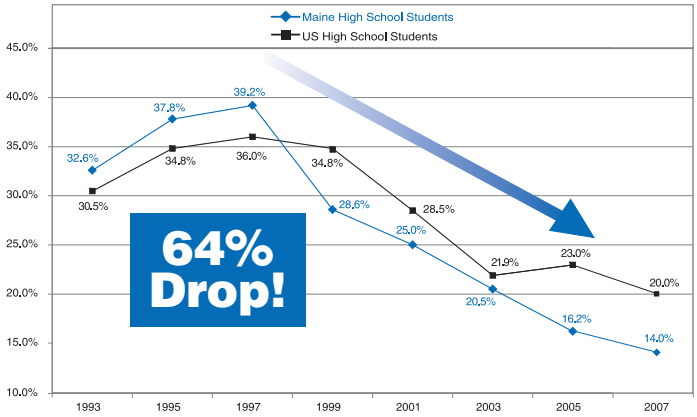
While the challenges remain and the need to counter the efforts of Big Tobacco remain critical, great progress was made in the following goal areas over the last two years.

Youth Prevention

Prevention: Youth and Young Adults

- High school smoking rates dropped from 39% in 1997 to 14% in 2007. Middle school smoking rates declined from 21% in 2001 to 5.7% in 2007.
- 94% of teens now say that they are aware of anti-smoking messages and 91% find them convincing. They also demonstrated an understanding that Big Tobacco tries to entice teens to smoke.
- The number of teens who say smoking would limit their aspirations and self-image rose from 82% to 89%.
- Teens who encountered PTM's social marketing messages, such as the television campaign "Don't Get Me Started," were more likely to believe that smoking isn't cool and makes people less attractive.
- Seventy–one communities have passed policies to make their community recreation fields tobacco-free. More than 74 schools throughout Maine, 53 of which are HMP funded, have adopted a PTM-approved school policy to prohibit tobacco use on campus and at any school functions attended by students, parents, or staff. The policy goes beyond state law in spelling out a communication plan and enforcement procedures as well as support for smokers.

Smoking Rates—High School Students
Maine & US 1993–2007



Source: Maine Department of Education, Youth Risk Behavior Survey: 1993, 1995, 1997, 2001, 2003, 2005, 2007
Note: 1999 data is from the Maine Youth Tobacco Survey and was collected in the fall of 1999

The Youth Advocacy Program (YAP) continues to be a cornerstone of PTM's youth interventions and social marketing campaigns. PTM staff, HMP communities, and YAP coordinators from all over the State convened in August and focused on sharing ideas and training to continue their roles as leaders to youth in their communities. Through the event, YAP coordinators gleaned ideas to increase awareness, empathy, and understanding from the communities they serve. They also discussed new ways of inspiring youth to be empowered to take action. Other themes included advocacy, multicultural understanding, and social change.

The 4th Annual STOP, QUIT, RESIST! Anti-Tobacco Youth Summit was held in April, 2008 at the Augusta Civic Center. The event was sponsored by the Partnership For A Tobacco-Free Maine (PTM) and organized by the Maine Youth Action Network and the 2008 Summit Youth Planning Team. The Summit brought together 230 youth from all over Maine to join in the fight against Big Tobacco. The Maine Youth Anti-Tobacco Summit is an annual event that focuses on trying to: **STOP** tobacco companies' lies and manipulation; Help people to **QUIT** smoking and/or support others who want to quit; **RESIST** the pressure to smoke and help their peers resist too. The event provides an opportunity for youth from grades 7-12 to gain knowledge, information, resources, skills and connections through workshops with other youth throughout Maine. They are also given the opportunity to participate in action planning during which they identified steps to take what they've learned and how they can build upon this in their communities and schools.

The **LifeSkills Training Program** is a school curriculum that is designed to prevent substance abuse, including tobacco, among middle school students. Two regional trainings were held in September 2007 for local health teachers and School Health Coordinators. In addition, a national expert led one technical assistance training workshop in Central Maine to reinforce skills and update trainers and educators on the components of the program.

American Lung Association (ALA) invited PTM to participate with them in the development of an online cessation tool for teens being created at West Virginia University, which is based on the ALA "Not on Tobacco" program. PTM will have free, permanent access to and use of the final "Power Guide" to be used as desired and appropriate to assist Maine youth in their cessation efforts. Maine will also receive program materials such as a DVD version of the Power Guide with manuals, and protocols. Maine's youth will participate in focus groups during development of the project.

Tobacco Retailer Licensing helps to prevent youth access to tobacco. "No BUTS!," Maine's retailer program to address underage tobacco sales, continued to increase retailer participation in the last two years. This concept for compliance training encourages retailers to help address underage tobacco use in Maine. No BUTS! continues to have widespread recognition with over 700 participating stores in the program. Local grantees are encouraged to enlist their local retailers to participate in the No BUTS! program.

To meet the requirements included in the Maine Legislature's resolve entitled, "Responsible Management of Point-of-Sale Marketing Materials for Tobacco Products," PTM has developed an educational and incentive program for retailers. A program called **"Star Store"** acknowledges retailers who stand out in their efforts to curb tobacco use among youth. YAP will be heavily involved in the implementation and execution of the program, so that youth, retailers, and their communities can all learn more about the negative impact of tobacco advertising on kids and take action.

The overall compliance (Synar and non-Synar) rate for FFY 07 is 94.8% based on 1635 completed inspections. All inspections were included in **Synar** reporting based on CSAP approval of census inspections. This marks the ninth consecutive year of Maine maintaining 90% or better youth access compliance.

Treating Tobacco Use and Dependence

Resolve: PTM and the Office of MaineCare Services were directed by Resolve 2007, c. 34 to report to the legislature on a model tobacco cessation benefit program for Maine in the public and private sector.

The agencies have assessed the current benefit structure and determined a model program, based on U.S. Public Health Services' Clinical Practice Guidelines update, published in May 2008.

PTM and OMS proposed and have implemented new initiatives that will bring Maine closer to the model, summarized in a report to the legislature in January 2008. A final report of accomplishments made in the process since January will be submitted December 15, 2008.

New initiatives advanced by MaineCare include preferred coverage of Varenicline, an incentive to provider payment for counseling, an increase to provider payment for counseling and a first time tobacco use patient screening and identification reimbursement for physician practices.

The PTM treatment program, administered by Center for Tobacco Independence (CTI), a Maine Health Program, focuses on providing access to counseling and medication for those who want to stop smoking, as well as providing training for Maine's health professionals. Local HMP grantees also work in concert with social service, healthcare, educational, and municipal staff to help clients, employees, students, and patients quit. Smokers — and the friends and families of smokers — from throughout Maine call on the HelpLine to help them quit smoking.

- 75% of current smokers say that they want to quit.
- 59% of adults have tried to quit in the past year.
- 72% of smokers have reported being advised to quit by a physician in the past 12 months.

Maine Tobacco HelpLine: Since 2001, 41,731 tobacco users have received help from the Maine Tobacco HelpLine (from August 2001 to June 2007). More than 35% of callers who receive counseling report not smoking six months after receiving HelpLine counseling plus free nicotine replacement therapy. Those receiving only counseling had less success at long-term quitting and only 22% of them report not smoking six months later.

Basic Skills Training: More than 1,500 Maine health and social service professionals have participated in either one- or two-day treatment educational conferences, 400 of them in 2007. The one-day seminars, called "Basic Skills Training," teach the attendees to incorporate tobacco treatment messages into their practices. Participants learned how to conduct brief tobacco treatment in any setting. The training is a prerequisite to the more intensive two-day program, which is designed to prepare attendees to become certified tobacco treatment specialists.

Clinical Outreach: PTM through its contractor, CTI, has provided over 753 physician offices and clinics on-site tailored training around tobacco treatment and the resources available for tobacco users in Maine. Through the trainings, the professionals learn how to systematically address tobacco use among their patients in a way that fits precisely with the nature of their practices.

Face to face counseling for tobacco users: Face to face counseling will begin in fall 2008. PTM is launching a new pilot program to reach tobacco users who normally wouldn't call the HelpLine. Smokers with multiple medical conditions, behavioral health concerns and certain socioeconomic factors often have a more severe struggle to break free of tobacco addiction and are less likely to call the HelpLine for assistance in quitting.

Unfortunately, 96 percent of smokers don't receive tobacco treatment services. The new program, which includes a Portland-based clinic and rural health center counseling, will complement existing HelpLine services to create a broad, coordinated tobacco treatment program for Maine residents. A more intensive combination of counseling and treatment, including physician-supervised medication, will be offered.

The pilot program will be implemented across the state with locations in each of the eight HHS districts. The Center for Tobacco Independence (CTI) will work closely with federally qualified health centers in each district to train staff, develop capacity, and provide ongoing technical assistance for the program. A tobacco treatment specialist will oversee the program in each location and will work under the medical direction of a nurse practitioner or physician.

Given the powerful nature of a tobacco addiction, especially for people dealing with the stress of a medical or behavioral health concern, the face-to-face counseling will offer an alternative to the phone support and provide four initial intensive one-hour sessions. Another benefit of the new program is that it will allow for a more sophisticated screening of the individual. Counselors will conduct a more comprehensive and in-depth medical and psycho-social assessment than what is possible over the phone. Following the pilot program, a full evaluation will be performed to determine the effectiveness of face-to-face counseling and treatment in Maine. With the combination of the HelpLine, new initiatives coming in 2008, and the professional trainings, all Mainers will be just a phone call or a health visit away from access to best-practice tobacco treatment.

The Central Maine Behavioral Health Tobacco Treatment Collaborative and the Partnership For A Tobacco-Free Maine focus on getting tobacco cessation treatment for individuals with a behavioral health diagnosis. Riverview Hospital, one of two psychiatric hospitals in Maine, went smoke-free in April 2007 with the help of the Healthy Maine Partnership of the Capitol Area, the Central Maine Behavioral Health Tobacco Treatment Collaborative, and the Center for Tobacco Independence, PTM's contractors for the tobacco treatment initiative. Smoking affects people with mental illness more often and at an earlier age than other smokers. The newest data reveals that persons with serious and persistent mental illnesses have a 25-year lower life expectancy than that of the general population. More than half of that difference is related to conditions caused or worsened by smoking cigarettes.

A new pilot program provides face-to-face support, counseling and treatment services. In 2008, the Partnership For A Tobacco-Free Maine, as part of an effort known as "Healthy Amistad," provided funding to support better access to tobacco treatment services through on-site training, health communication and support, based on a peer-to-peer model with members of Amistad, Inc., a nonprofit community organization for behavioral health clients with headquarters in Portland. Amistad uses an exemplary and recognized non-judgmental peer-to-peer model that provides service by and for those behavioral health and other health issues.

Web Access: The Partnership For A Tobacco-Free Maine, on November 14, 2006, launched Web Coach™, the Free & Clear interactive web site designed to complement the phone-based counseling offered by The Maine Tobacco HelpLine. Web Coach offers a suite of interactive features, evidence-based content, and social forums to support smokers throughout the entire quitting process. Users can design personalized quit plans and track their progress, as well as receive motivational and educational emails. Answers to a self-assessment exercise are shared in real time with a Quit Coach, who uses the information to prepare for a phone-based counseling session. In the Web Coach discussion forums, participants can interact among themselves and with Quit Coaches to learn and share behavioral tips for successful quitting. As one satisfied participant noted, "It's nice to have a Quit Coach and to be able to chat online with the others who are also quitting."

Secondhand Smoke

Smoke-Free Progress: "Breathe Easy, You're in Maine". Maine is proud to have been among the first states to pass laws that protect the public and workers from the dangers of secondhand smoke.

- Virtually all of Maine's indoor public places are now smoke-free, including restaurants, bars, and beano halls. All workplaces are required to have policies prohibiting smoking, including in job-related vehicles.
- All daycare facilities, including those that are home-based, are smoke-free when children are present, including in vehicles and in outside play areas.
- PTM continues placing signs along the turnpike, in Maine's airports, and in other entertainment venues to inform and remind everyone that smoking is not allowed in any indoor public place in Maine.

PTM public education efforts promote the benefits of smoke-free air. "Wherever You Live and Breathe, Go Smoke-Free," is a recent campaign designed to educate Maine people about the serious effects of secondhand smoke exposure to children in homes and in vehicles. The campaign also serves to spread the word about Maine's new law, banning smoking in the car when children under age 16 are present. This significant new law (Public Law, chapter 591) was passed in the 123rd Maine State Legislature and went into effect September 1, 2008.

- The smoke from one lit cigarette can go anywhere and no air filter or ventilation system can totally remove it.
- Children who are exposed to smoke in their homes are more likely to develop asthma, bronchitis, pneumonia, colds, sore throats, ear and eye infections, and allergies.

- Smoking in a car when children are present exposes them to the pollutants present in secondhand smoke. Rolling down a window doesn't stop smoke from reaching everyone in the car.
- Children are in greater danger from the threats posed by secondhand smoke. Their organs are growing and developing. Exposure to secondhand smoke, in childhood, is known to permanently decrease lung efficiency and function.

The "Wherever You Live and Breathe, Go Smoke-Free" campaign is comprised of the following integrated components:

TV Messages: Three rotating TV messages will be broadcast statewide throughout the summer of 2008.

- "It's like they are smoking" – This television message was originally created for use by the Michigan Department of Community Health and has been adapted for use with Maine audiences. The spots aim to educate parents about their child's involuntary exposure to smoke, from the child's point of view.
- "Trapped" – The first of two animated smoke spots in which the camera follows the smoke as it clings to the interior of a car, including the baby's seat. The message increases awareness that although you cannot see it, smoke's harmful effects are still present.
- "No Place to Hide" – This animated smoke spot focuses on secondhand smoke exposure in the home, again following the smoke as it seems to hunt its victim.

Radio Messages: These two rotating messages aired statewide throughout summer 2008.

- "Baby Jack" – This lighthearted spot helps raise awareness of Maine's new secondhand smoke law and the importance of not smoking around children in a vehicle.

- "Some Kids"– This message is a straightforward look at the dangers children face **whenever second-hand smoke enters the home.**

Newspaper Messages: Ads were placed in major newspapers in northern and downeast areas that have traditionally had less television coverage than other parts of the state.

Supporting Outreach Materials

- Local Healthy Maine Partnerships received packets of materials to help promote the campaign
- Outreach brochure cards (car & home) – placed in visitor's centers across Maine
- Smoke-Free car decal – available for widespread distribution in communities
- Law card – card for law officials to distribute in efforts to raise awareness of the new law

Maine is becoming truly smoke-free, but significant challenges remain.

Despite Maine's strong workplace and public place laws:

- 25% of all Maine workers still report that they experience some exposure to tobacco smoke at work,
- More than 40% of workers in manufacturing, construction, and transportation report that they have been exposed to secondhand smoke on the job,
- Indoor exposure to secondhand smoke one or more days per week is reported by 53% of high school students and 41% of middle school students,
- Exposure to smoke in a car seven days per week is reported by 14% of high school students and 10% of middle school students,
- About 42% of middle and high school students live with a smoker, and
- The percentage of all adults who have rules prohibiting smoking in their homes is 72% (up from 63% in 2000), but only 36% of adult smokers prohibit smoking in their homes.

According to the U.S. Surgeon General's Report on Secondhand Smoke

"The home is the major setting where children are exposed to secondhand smoke. The dramatic strides that have been made over the past 20 years in reducing nonsmokers' secondhand smoke exposure has to some extent left children behind."

http://www.surgeongeneral.gov/library

PTM supports multiple coalitions to address Secondhand Smoke Exposure

Maine Tobacco Free-Hospital Network (MTFCN), a partnership of PTM, the American Cancer Society and many of the state's Healthy Maine Partnerships, promotes the adoption of comprehensive tobacco-free policies in Maine's medical centers and hospitals. A ten-criteria system developed by the network is the basis for awards for progress, hand-delivered annually in conjunction with the Great American Smoke Out each November. In November 2007, fourteen hospitals received awards. Most of Maine's hospitals, already smoke-free indoors, have now significantly improved their policies both indoors and out in their parking lots while improving the services available to assist patients, employees and visitors who wish to end their dependence on tobacco.

The Smoke-Free Housing Coalition of Maine gets core funding from The Partnership For A Tobacco-Free Maine to support ongoing development. This coalition is comprised of over 50 public health advocates, tenants, landlords, property managers, environmental health professionals and many others. Working

with housing authorities, private landlords, developers, and tenants since 2004, the coalition has focused on the elimination of involuntary secondhand smoke exposure in multi-unit housing. It has received a Robert Wood Johnson Foundation Tobacco Policy Change grant and an EPA grant to help support its efforts. The coalition has implemented a statewide media campaign, including a web site at **www.smokefreeforme.org** to educate landlords and tenants on the health and economic benefits of a smoke-free apartment. In addition, it has developed a strong relationship with Maine Housing; and as a result, a development incentive is now in place in the Qualified Allocation Plan which grants tax credits for smoke-free buildings.

Among the coalition's many accomplishments:

- Seventeen of twenty-five public and tribal housing authorities in Maine have now implemented smoke-free or tobacco-free housing policies,
- More than 16,000 landlord brochures have been distributed,
- 7,000 fact sheets have been disseminated to landlords who accept Section 8 vouchers,
- 5,000 fact sheets have been disseminated to tenants throughout the state,
- The web site, www.smokefreeforme.org, with a free registry was developed and expanded,
- A landlord video, which has been sent to over 150 organizations and individuals as well as streamed online to over 5,500 viewers, was produced,
- Two statewide conferences and six regional landlord trainings were organized and implemented and
- Over 2,500 smoke-free rental units are currently listed on the online registry.

Reaching Out to Populations Disproportionately Affected by Tobacco

According to the 2007 Behavioral Risk Factor Survey, 21% of adults smoke. Thirty-six percent of people who have less than a high school education smoke, compared to 9% of those with a college education. Smoking initiation is much more likely in low-income households (32% of Maine adults earning less than $25,000 smoke). Tobacco uptake in Maine occurs as early as age eight, and youth whose parents or siblings are smokers are twice as likely to try it themselves. Pregnant women of low socioeconomic status are vulnerable to tobacco use during pregnancy or the postnatal period of their child's life due, in part, to exposure by spouses, mates, family, and friends who continue to smoke. Other disparate populations, such as lesbian, gay, bisexual, transgender, Native Americans and other subpopulations, are unfairly and aggressively targeted by the Tobacco Industry.

While many challenges remain in reaching disparate populations, PTM has made progress, even in the face of mounting marketing dollars from Big Tobacco to capture new generations of smokers. Mini-grants to local communities have proven to be very helpful in identifying key populations, securing additional data, designing and piloting effective interventions and determining issues or segments in need of more focused attention from PTM on a statewide level. Another important outcome of the mini-grants is the discovery of the sometimes subtle and previously unknown nuances that vary from community to community as to what type of messaging and communication methods are most effective.

Over the past three years, mini-grants were awarded to seven HMPs to reduce and eliminate tobacco-related health disparities. Five of these awards focused on low-income women and family systems, while two focused on how best to appeal to and meet the needs of mental health consumers who use tobacco.

Nine mini-grants were awarded to local grantees to address women-related tobacco issues. The outcomes of all the mini-grants are currently under evaluation, but anecdotal feedback has already provided valuable insight.

Based on the need for more precise data on race and ethnicity, PTM became involved in the hospital data project, which trained all of Maine's hospital intake staff to ask patients questions in a sensitive and culturally acceptable manner.

In late 2005, PTM sponsored the Forum on Women and Smoking, which was attended by more than 100 people from various organizations across the state. PTM encourages all organizations that work with women to do brief interventions on tobacco use and provide appropriate support for women who are trying to quit smoking.

PTM funded the Portland Public Health project that developed culturally sensitive anti-tobacco programming for use with specific minority groups. Community members produced three videos under the direction of Portland's minority health coordinator, to positively impact each culture's social norms, health effects awareness levels, and attitudes regarding smoking. By targeting youth and young adults among the Somalian, Sudanese, and Serbian-Croatian populations, the videos specifically address the unique challenges and perceptions of each segment in an effort to prevent the next generation from smoking.

In January 2006, PTM presented two conferences on Tobacco-Related Disparities in Northern and Southern locations in Maine. The conference highlighted the results of recent mini-grants, explained the recent hospital data project developed with the Office of Minority Health, and showcased the films produced by Portland Public Health to prevent smoking among their immigrant youth population.

PTM partners with MaineCare Services (OMS) and Maine State Employees Health Association to focus on collaborative efforts to reduce smoking by MaineCare recipients and Maine State Employees, by sending smoking cessation materials mailings, provider newsletters, and sending materials to MaineCare providers to assist their patients with cessation.

PTM collaborates with the Maine Cardiovascular Health Program (MCVHP) to fund the five Native American tribes to develop and implement culturally sensitive tobacco interventions that focus on reducing tobacco use and exposure to secondhand smoke as well as implement other MCVHP initiatives. The tribes are working on the following:

- Smoke-free campuses, tribal buildings, and tribal vehicles
- Prohibiting smoking at social functions to change the community norm around tobacco use
- Providing tobacco medications and counseling at the health centers
- Promoting the Maine Tobacco HelpLine to tribal members
- Implementing school-based prevention programs
- Four Native American tribes have received funding from PTM and MCVHP to implement culturally sensitive tobacco interventions

CHALLENGES:

- One in five adults smokes (20.2%, 2007).
- Nearly one out of three young adults smokes.
- Even though our youth rates are down, a new group of youth are ready to experiment with smoking every year.
- The rates for pregnant women have not significantly declined.
- 43% of people on MaineCare smoke.
- Youth who live with smokers are twice as likely to smoke as those who do not smoke. Only about one-third of smokers have rules prohibiting smoking inside their home.
- Workers in manufacturing, construction, and transportation occupations are most likely to report being exposed to smoke in the workplace.

PTM Surveillance and Evaluation

PTM partners with multiple organizations that share the common goal of improving the health of all Mainers. Without the assistance of these organizations much of the work that needs to be done would remain incomplete. Maine has received national recognition for its impressive outcomes in tobacco prevention in schools, workplaces, communities and retail stores. Since 1997, when PTM began, to 2005, rates for adults who smoke decreased from 30% to 21%, and the rate among high school students plunged nearly 64%. Maine continues to face challenges combating the highly funded efforts of the tobacco industry, but smoking rates in Maine have declined substantially, and Maine's efforts at funding and partnering for prevention are working.

Surveillance and evaluation are an important part of the work of the Partnership For A Tobacco-Free Maine (PTM). Each year PTM uses the surveillance data gathered to update its action plan for the next year. Without this vital information, PTM would unable to focus its work of reducing the number of people who use tobacco in Maine.

PTM tracks indicators with a variety of surveillance systems. The evaluation contractor for PTM completed a publication on the 2006 Youth Tobacco Survey (YTS) data. Another report is an eight-page fact sheet of youth and adult data This report combines the Adult Tobacco Survey (ATS) with the Behavioral Risk Factor Surveillance System (BRFSS). This collaboration has increased the number of respondents which benefits all BRFSS data users both inside and outside MECDC. It consolidates survey administration to reduce workload and improves the predictability of the availability of tobacco-specific data.

According to the Youth Risk Behavior Surveillance System (YRBSS), the indicators for tobacco use have all gone down in Maine since the last YRBSS conducted in 2005. Although not all of the indicators demonstrate statistically significant reductions, the decrease is encouraging in the light of the national report on YRBSS 2005 data showing that tobacco use rates for youth were stalled or on the incline. PTM announced these new results at a Strategic Planning Meeting Nov.13, 2007, which was attended by about 100 of our partners and potential partners from all over the state.

The results of an Environmental Indicator Survey of Maine municipalities and schools updates all the data indicators as well as all the program and output indicators related to tobacco that PTM has committed to tracking for municipalities and schools. The School Health Profiles Survey (SHPS) results of 2004

and 2006 and Maine Youth Drug & Alcohol Use Survey (MYDAUS)/YTS data have been compiled into a report as PTMs measure of school policies around tobacco and smoking. This report also looked at policies related to three tobacco issues that would have been influenced by the presence of Healthy Maine Partnership (HMP) School Health Coordinators (SHC) and whether student's related behaviors changed over time. The Maine Integrated Youth Health Survey (MIYHS) project continues to move forward and PTM has been closely involved in the development of questions as well as planning for the administration of the survey. This survey will replace several other surveys and will be the only student health survey supported by the Maine Center for Disease and Prevention (MECDC). It will reduce the burden on schools of doing multiple surveys, will produce a wider range of data, and will increase the predictably of requests to schools from multiple state agencies. The new survey will provide school or school district level data, and county and state level data using a complicated questionnaire design and protocol. Evaluation of the Maine Tobacco HelpLine shows the results of working hard to help those who want to quit smoking. From July 2007 to June 2008, 8515 callers were assisted through the HelpLine. Of those callers, 6885 tobacco users were assisted, 6783 callers were provided counseling and 138 pregnant women called. The number of voucher users was 3283 and 48% of the HelpLine callers received their first voucher.

Other reports that were finalized include the FY 2006-2007 Annual Evaluation Report; a 156 page document that updates the output and outcome indicators we have committed to tracking across the goal areas; and the FY 2007-2008 PTM Evaluation Plan. PTM's evaluation plan has been updated to include tracking long term tobacco related morbidity and mortality. Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) calculates annual state and national-level smoking-attributable deaths. Logic models were updated to better incorporate both PTM activities and CDC concepts used in the tobacco program logic models.

A PTM Evaluation Stakeholder group will shortly be convened. These primary stakeholders will meet quarterly to discuss the ongoing evaluation and data needs of PTM, identify emerging evaluation issues, enhance synergy across different program areas and partners, and to collaborate on manuscripts. This group will include the PTM staff and the evaluation team.

Statewide Coordination Allocation and Community/School Grants ($8.740 million)

The majority of the funds in this allocation ($6.65 mil) are distributed to the Healthy Maine Partnerships (see next section), including funding for Coordinated School Health Programs that are supported by HMP coalitions and schools are working together. The Maine CDC partners with the Department of Education to support School Health Coordinators in 20% of the schools around the state, with at least one school district funded in each HMP service area. A federal CDC grant for Coordinated School Health helps to support the state-level work, including staff positions in both the Maine CDC and the Department of Education.

Statewide coordination also includes additional initiatives to strengthen statewide efforts to reduce tobacco and tobacco-related chronic disease: tribal organizations are funded to address the three risk factors (.097 mil), the Maine Center for Public Health to address obesity and other activities (.275 mil), the Maine Youth Action Network to support youth advocacy efforts (.250 mil), partnership with the Attorney General's Office on tobacco control (.189 mil), support for the statewide Smoke-Free Housing Coalition (.036 mil), and a training contract to support professional development for staff and local partners such as the Healthy Maine Partnerships and School Health Coordinators. Funding for school-based health

centers (.627 mil) and funding for the Department of Education School breakfast program (.080 mil) are included in this allocation. State-level administration and indirect costs (.340 mil) as well as partial support for the Office of Local Public Health (.150 mil) are also part of statewide coordination.

The Fund for a Healthy Maine dollars leverage $9 million in additional Federal and other funds for public health activities in Maine. Mostly these dollars go directly to Maine communities. Additionally, all the tobacco-related allocation categories are used to match Federal Medicaid dollars to provide additional funds for services through the Office of MaineCare Services.

State matching funds for the Federal Maternal Child Health Federal Block Grant also support the twenty school-based health centers for a total of approximately $627,000 annually.

Healthy Maine Partnerships

Funding streams supporting the Healthy Maine Partnerships:

- Local Essential Public Health Services: 1.37 million
- Community/School Grants: $6.65 million*
  (* includes .1m OSA Fund for Healthy Maine funds)

Other funds included in the HMP contracts:

- OSA SPF-SIG funds: 2.1 million
- US Centers for Disease Control and Prevention categorical funds (Asthma and Colorectal Screening): .139 million
- US Department of Agriculture Funds (Food Stamp Nutrition Education): .3 million

In 2005 the Governor's Office and Maine CDC/DHHS convened the 40-member Public Health Work Group to review Maine's public health infrastructure and develop plans to streamline and coordinate it in order to improve efficiency and effectiveness of public health delivery. This planning process is especially important given national public health accreditation that is expected to start in 2011; to focus on assessing how well Maine's public health system delivers the 10 essential public health services statewide; and to be tied to ongoing receipt of federal and other public health funds.

After a three-year process to review and plan revisions to Maine's public health infrastructure, the Public Health Work Group, among several accomplishments, developed the plans for a statewide system of comprehensive community health coalitions to provide community-based public health education, mobilization, and assessment. As a result, in 2007 the Fund for a Healthy Maine community and school grants were combined with other funds into one request for proposals (RFP) to form this local public health system. Other contributory funds in this RFP included substance abuse prevention funds from the Office of Substance Abuse, some Federal CDC chronic disease prevention funds from Maine CDC, and US Department of Agriculture Funds. This streamlining of funds ($6.659 million of FHM funds) has meant the consolidation within Maine CDC of approximately 150 contracts into about 50 contracts.

The HMP contracts were awarded to local coalitions representing the public health interests of the community, local healthcare delivery systems, such as a hospital or health center, and other appropriate organizations. Through these grants the Healthy Maine Partnerships cover all municipalities across the state with each town in Maine assigned to a local HMP.

In addition to addressing the key elements of the 10 essential public services, the Healthy Maine Partnerships focus on vital public health issues such as tobacco use, substance abuse, physical inactivity, poor nutrition, and chronic diseases as cardiovascular disease, cancer, diabetes, asthma, and other chronic lung diseases. HMPs work to assist local communities, organizations and businesses in changing policies and creating community environments that support healthy behaviors and healthy lifestyles.

Examples of HMP activities include: preventing youth smoking, working with employers to create policies that encourage and support employee health, making tobacco treatment services available and accessible throughout the community, ensuring healthy foods and beverages are available in school lunch programs, and helping schools develop policies and programs that ensure a healthy school environment and teach children healthy habits.

In addition to the work that takes place throughout the communities of Maine, each HMP grant includes

a subcontract to fund a School Health Coordinator in at least one school district within the HMP service area. Twenty percent of schools are covered, reaching 40% of school-aged children statewide.

Challenges for HMP

- 59% of adults in Maine are overweight or obese.
- Only 36% of high school students report attending physical education class on at least one day a week.
- 36% of kindergartners are overweight or obese.
- 75% of Mainers will die from one of four chronic diseases: CVD, Cancer, Diabetes or Chronic Lung Disease.

HMP Evaluation

HMP combines leverages the resources of some of its component programs, the Partnership for Tobacco-Free Maine, the Maine Cardiovascular Program, and the Maine Physical Activity and Nutrition program to enable evaluation services for both the State level and the local level Healthy Maine Partnership. This evaluation contract has produced a HMP Evaluation plan and logic models that guide the process and output of the HMP. Products have included the Outcome Survey Report cataloguing the work of the local HMPs, the Healthy Lifestyles Environmental Indicators, a report of key health indicators across Maine, reports on the effectiveness of the School Health Coordinators, and data work enabling the local HMPs to select high priority objectives for their HMP programming. In addition to the evaluation contract with the Maine Center for Public Health that HMP shares with some of its component programs, the HMP in partnership with the Office of Substance Abuse contract with the KIT Solutions Prevention System, a nationally recognized on line evaluation and data system that is used to recode and track the output of the local HMPs. Multiple reports show various aspects of local work including the objective and strategies the local HMP has selected to work on, the stage of completion of these strategies, the number of people reached by these strategies, and many other aspects of HMP work at the local level.

Local Essential Public Health Services and Community/School Grants

Lead Agency	Coalition	FHM Funding	Total Contract Funding
DISTRICT: Aroostook			**$977,562**
Aroostook County Action Program	ACAP	$371,825	$498,580
Cary Medical Center	Power of Prevention	$298,946	$478,982
DISTRICT: Central Maine			**$1,646,547**
Greater Waterville PATCH	Greater Waterville PATCH	$412,409	$544,022
Somerset County Association of Resource Providers	SCARP	$336,786	$513,112
Healthy Communities of the Capitol Area	Healthy Communities of the Capitol Area	$312,247	$455,174
Sebasticook Valley Hospital*	Sebasticook Valley HC Combined	$92,795	$134,239

**This coalition has service area in both Central Maine and Penquis Districts*

continued on next page

Local Essential Public Health Services and Community/ School Grants (continued)

Lead Agency	Coalition	FHM Funding	Total Contract Funding
DISTRICT: Cumberland			**$1,813,318**
City of Portland	City of Portland CCHC	$653,938	$1,103,731
People's Regional Opportunity Program	PROP	$509,996	$709,587
DISTRICT: Downeast			**$1,197,994**
Acadia Community Association	Healthy Acadia	$136,153	$179,087
Child and Family Opportunities	Healthy Peninsula	$236,903	$288,092
Downeast Health Services	St Croix Valley Healthy Communities	$148,417	$191,826
Downeast Health Services	Union River Healthy Communities	$152,596	$194,476
HealthWays/RMCL	DownEast Healthy Tomorrows	$156,289	$203,043
Town of Bucksport	Bucksport Bay Healthy Communities Coalition	$113,921	$141,470
DISTRICT: Midcoast			**1,279,801**
Mid Coast Hospital	ACCESS Health	$209,313	$289,962
Penobscot Bay YMCA	Penobscot Bay YMCA/Knox County Community Health Coalition	$231,849	$321,986
Waldo County General Hospital	Waldo County CCHC	$239,133	$322,542
Youth Promise	Youth Promise	$263,471	$345,310
DISTRICT: Penquis			**$1,412,104**
Bangor Health and Welfare	Bangor Health and Welfare	$457,160	$618,724
Katahdin Shared Services	Katahdin Shared Services	$281,804	$390,675
Mayo Regional Hospital	Mayo Regional Hospital	$179,249	$268,466
Sebasticook Valley Hospital*	Sebasticook Valley HC Combined	$92,795	$134,239
**This coalition has service area in both Central Maine and Penquis Districts*			
DISTRICT: Western			**$1,786,831**
Central Maine Community Health Corporation	Healthy Androscoggin	$433,206	$869,530
Franklin Community Health Network	Healthy Community Coalition	$217,733	$283,571
River Valley Communities Coalition	River Valley Healthy Communities Coalition	$308,924	$409,346
Western Maine Health	Healthy Oxford Hills	$153,936	$224,384
DISTRICT: York			**$1,398,171**
Goodall Hospital Inc	Partners for Healthier Communities	$212,713	$312,958
University of New England	Coastal Healthy Communities Coalition	$330,143	$524,934
York Hospital	Choose to be Healthy	$415,770	$560,279
STATEWIDE TOTAL			**$11,512,329****

*** Total Contract Funding includes local contributions and other sources of revenue*

Youth Leadership and Involvement

The Maine Youth Action Network

Statewide Youth Development and Leadership Initiative: $ .275 million

(* includes $25,000 in OSA Fund for Healthy Maine funds)

Contractor: PROP, Portland

Previous contract ended 6/08, new contract awarded and began 7/08.

Other funds leveraged in this contract include:

$80,000 in state general funds that provide match for the Maternal and Child Health Block Grant

Experience and research in a variety of youth-related fields clearly demonstrate that youth-adult partnerships can increase the effectiveness of youth-focused initiatives. Youth involvement creates benefits for the youth involved, for the programs and those they serve, and for the adults involved. Meaningful opportunities to contribute help youth gain skills, positive attitudes and confidence. Organizations involving youth at different levels of decision-making are more likely to achieve outcomes, create better connections between the organization's governance and initiatives, and can re-energize the organization. Adults who work in partnership with youth are more likely to let go of negative stereotypes, see youth as assets and, have an increased confidence and effectiveness.

The contract with PROP for the Maine Youth Action Network supports training and technical assistance for the development of youth-adult partnerships within the Healthy Maine Partnerships.

- The annual Peer Leadership Conference, with a strong youth planning team, was attended by 346 youth and 90 advisors, representing 105 youth leadership groups. 60 adults and 61 youth presented at the conference.
- Training for youth in Youth Advocacy Programs and adults in the Partnerships were held in each of the eight Public Health Districts in 2007–2008. 57 adults and 76 youth learned how to better work with each other to create positive change.
- The Anti-Tobacco "Stop, Quit, Resist" Summit, also planned in partnership with youth from across the state, was attended by 177 youth and 55 adult advisors.
- The MYAN web site continues to expand with over 100 fact sheets, program links, tools and other resources available. Topics include but aren't limited to anti-tobacco, physical activity and nutrition, substance abuse, advocacy, activism, policy change, and youth-adult partnerships. The web site is visited almost 200 times each day.
- Overall, almost 500 youth leadership groups and 600 adult advisors were served in 2008.
- Over 1500 youth from around the state receive support to work with their peers on making healthy choices.

School-Based Health Centers Allocation

FY 2009 allocation: $.627 million*

(*Part of the Community/School Grants)

Other funds included in the SBHC funding:

$.232 million state general fund (match for the Maternal and Child Health Block Grant)

Funds for School-Based Health Centers (SBHC) support the development and implementation of health services in 20 schools across the state. Another 7 SBHCs operate without state funds. Local schools determine the type and extent of services that will be provided, within the guidelines developed by the Maine CDC, which include the requirement to provide services and guidance to students on tobacco use, physical activity, and good nutrition.

Year	number of SBHCs	number funded by MCDC	total state funding	FHM funding
FY 87	1	2	75,000	0
FY 88	2	2	60,000	0
FY 89	2	1	10,000	0
FY 90	2	2	50,500	0
FY 91	2	1	50,000	0
FY 92	3	3	145,500	0
FY 93	3	4	172,500	0
FY 94	6	3	195,000	0
FY 95	8	6	229,863	0
FY 96	11	7	119,860	0
FY 97	12	5	153,000	0
FY 98	13	5	113,263	0
FY 99	14	7	243,376	0
FY 00	15	11	170,686	0
FY 01	20	14	488,908	368,000
FY 02	26	15	488,908	368,000
FY 03	26	16	557,000	368,000
FY 04	26	17	647,292	368,000
FY 05	26	17	620,282	367,873
FY 06	26	17	607,078	355,467
FY 07	27	20	630,078	377,449
FY 08	27	20	851,414	627,499
FY 09	27	20	851,414	627,499

Funding is determined by the size of the school, free and reduced lunch eligibility rates, and the range of services provided.

All grantees are required to meet the state's SBHC standards, developed in 2000, following guidelines from the National Committee for Quality Assurance, which sets standards for managed care organizations.

In FY 2008, Grantee SBHCs saw almost 4000 students for a total of over 13,500 visits. 47% of SBHC users are MaineCare members, 45% have private insurance, and the remainder are uninsured or are paying for services without accessing their insurance. 92% of SBHC enrollees have a community-based primary care provider, but only 48% have had a physical exam in the last two years. Over half of those using the SBHC have received a health risk assessment at the SBHC, a critical part of preventive care for adolescents.

Thirty-one percent of the SBHC visits were for mental health services. Of the medical visits, almost 1/3 were for preventive care. Other common types of diagnoses include respiratory illnesses, emotional needs, and reproductive healthcare.

While not all students disclose tobacco use, poor nutrition, physical inactivity or other unhealthy behaviors, and other students do not want to address these with the healthcare providers, about one-third of users who admit to alcohol or physical inactivity received an intervention at the SBHC. Over half of the tobacco users received an intervention, and 83% of those with poor nutrition habits got help. Almost half of those with asthma have an up-to-date school asthma plan, an important tool to help manage this chronic disease.

Central District

$80,000
Maine-Dartmouth Family Medicine Residency
Cony High School
Hodgkins Middle School

$34,000
CSD 10
Maranacook Community School

Cumberland District

$164,000
City of Portland
Casco Bay High School
Deering High School
King Middle School
Portland High School

Downeast District

$54,500
City of Calais
Calais High School

$20,500
Regional Medical Center at Lubec
Lubec Consolidated School

Midcoast District

$40,000
MSAD 75
Mt. Ararat High School

Penquis District

$45,500
Health Access Network, Inc.
Mattanawcook Academy

$66,000
Penobscot Community Health Center
Brewer Middle School
Brewer High School

Western District

$189,000
Community Clinical Services
Auburn Middle School
Edward Little High School
Lewiston Middle School
Lewiston High School

$56,000
Western Maine Health Care Corp.
Oxford Hills Middle School
Oxford Hills Comprehensive High School

York District

$25,000
MSAD 60
Noble High School

Statewide

$78,000
University of Southern Maine
SBHC Data Support and Evaluation

- In 2007, the legislature voted to increase SBHC funding by $250,000. This funding was used to enhance services at the existing school-based health centers, bringing the public health contribution to the SBHCs to levels that allow for increased sustainability and ensure quality services. Through the additional funding, SBHCs increased their hours of availability to students, increased mental health services and/or increased staffing to the SBHCs.
- A final report on a three-year Insurance Reimbursement Pilot Project will be completed by the end of 2008. Participating insurance companies continue to reimburse SBHCs while the data is being analyzed.

Challenges

Some medical providers are converting to electronic medical records (EMR). Two SBHCs implemented an EMR this year and have had to work through many challenges to provide data required by their state grant. Since EMRs do not provide the same level of outcome data as our current system but streamlining data collection is critical, planning is underway in partnership with SBHC grantees to assure high quality, consistent data.

Maine SBHCs serve 27 schools, including many of our schools that have large racial and ethnic minority populations. Nevertheless, current resources do not allow us to expand to make these services available to the majority of adolescents in Maine. Twenty years of experience has shown that public support for SBHC is necessary since they expand access to care in ways that are not always reimbursable through health insurers.

Oral Health Allocations

FY 2009 Allocation: $1.016 million

FY 2008 Allocation: $1.113 million

Good oral health is integral to total health, and is a fundamental condition of healthy, productive lives. Preventive measures such as the use of fluorides, sealants and school-based education programs have greatly reduced the incidence of dental caries in children, but oral diseases still persist among many Maine residents of all ages. Dental decay is an infectious disease that affects both children and adults, and may be the most prevalent and yet preventable disease known. Among children, it is five times more common than asthma; data indicate by the time they are in third grade, 40% of Maine kids will have experienced dental decay.

According to *Oral Health in America: A Report of the Surgeon General,* what amounts to a "silent epidemic" of dental and oral diseases continues to affect some population groups. As the report states, "this burden of disease restricts activities in school, work, and home, and often significantly diminishes quality of life…Those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable. Members of racial and ethnic minority groups also experience a disproportionate level of oral health problems." In addition, recent years have brought a growing recognition of the evidence for systemic connections between poor oral health and chronic diseases such as diabetes and cardiovascular disease.

Funding History and Background

The initial allocation for the Dental Services Development and Subsidy Programs was a total of $950,000. This included $650,000 directed to the Dental Subsidy Program, providing a subsidy to private nonprofit dental clinics that met the program's eligibility requirements; $250,000 to assist with the development and expansion of community-based programs; and $50,000 for community education and case management initiatives. This allocation increased to a total of $1.011 million in SFY 07 and $1.113 million in SFY 08, but has been reduced to $1.016 million for SFY 09.The allocation for the Donated Dental Services Program, a program of the National Foundation for Dentistry for the Handicapped, started at $33,940 and was increased to $42,562 annually for SFY 08 and 09.

Since first becoming available, tobacco settlement funds have continued to represent the bulk of State funds available for dental clinics serving the underserved following MaineCare reimbursement. These private nonprofit, community-based clinic programs, which together comprise a safety net for oral healthcare in Maine, are largely dependent on revenue from MaineCare and from patient fees, which are collected based on sliding fee scales. Together these sources do not cover the actual cost of providing care. Tobacco settlement funds have represented the major source of State-funded assistance to community agencies for the development and expansion of capacity to provide preventive and restorative oral health services. In several instances, these funds have successfully leveraged private dollars from Maine-based foundations.

There are limited State-matching funds to the Maternal and Child Health (MCH) Block Grant funds used to partially support community agencies in Aroostook and Washington Counties ($46,490 each). In previous years, there was funding from the MCH and Preventive Health & Health Services Block Grants to support these and three clinical programs, but due to federal budget decisions and internal DHHS/MCDC allocations, this support has been reduced.

The Dental Services Subsidy Program

Qualified community-based dental clinic programs are partially reimbursed for patients they treat who have no insurance for dental care and are low-income (below 200% of the Federal Poverty Level). The great majority of these patients are adults, for whom MaineCare coverage is extremely limited. Contracts are awarded based on agency eligibility and patient volume. Components of eligibility include accepting MaineCare patients and providing services using a sliding-fee scale. Initial contract amounts in this program are based on estimated patient volume and prior year experience; additional amounts are encumbered proportionately after six months of data is available, based on actual program utilization. In SFY 08, 13 agencies participated, with over 30,000 dental services provided at 18 locations to an estimated 16,500 individuals; a total of $844,000 was expended, utilizing all additional dollars allocated to oral health that year as well as some unencumbered funds from the Dental Services Development Program.

The Dental Services Development Program

Grants have been made to support the development and expansion of community-based oral health programs, enhancing their capacity to provide oral health services for low-income and MaineCare eligible individuals and the development of oral health case management and community oral health education programs serving the same population, respectively. These contracts were awarded through a competitive grant process; agencies that have received contracts through this program have served all counties in the state. Since FY 06, using the additional allocation to the Oral Health Program, $10,000 has been directed to support preventive oral health services components at six School-Based Health Centers, in collaboration with the Teen and Young Adult Health Program.

FY 08 Dental Services Development and Subsidy Programs ($1,044,000)

DISTRICT/AGENCY	Development or Subsidy	TOTAL CONTRACTS
DISTRICT: Aroostook		**$0**
The Aroostook County Action Program had a development grant in 2002-2003.		
DISTRICT: Central Maine		**$139,000**
Kennebec Valley Dental Coalition, dba The Community Dental Center*	Subsidy	$99,000
Maine Oral Health Solutions	Subsidy	$10,000
Sebasticook Valley Hospital*	Development	$30,000
** Previous recipient of a development grant*		
DISTRICT: Cumberland		**$270,000**
Community Dental*	Subsidy	$245,000
City of Portland	Development (Case Mgmt)	$25,000
**Combined contract for service areas in Cumberland, York, and Western Maine*		

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DISTRICT: Downeast		**$166,000**
Bucksport Regional Health Center	Subsidy	$31,000
Downeast Health Services	Subsidy	$15,000
Regional Medical Center at Lubec*	Subsidy	$35,000
Eastport Health Care	Subsidy	$25,000
	Development	$30,000
Washington County Children's Program*	Development	$30,000
* Previous recipient of a case management grant		
Note: Harrington Family Health Center formerly participated in the Subsidy Program but has opted out for the past several years.		
DISTRICT: Midcoast		**$89,000**
Catholic Charities Maine		
(Jessie Albert Dental Clinic, Bath)*	Subsidy	$4,000
Mid-Coast HealthNet,		
dba Knox County Health Clinic Dental Program	Development	$30,000
Waldo County Action Partners	Development	$30,000
Islands Community Medical Services	Development (Case Mgmt)	$25,000
** Previous recipient of a development grant; the amount of the Subsidy Program contract with CCM has varied.*		
DISTRICT: Penquis		**$328,000**
Katahdin Valley Health Center	Subsidy	$27,000
Health Access Network	Subsidy	$46,000
Penobscot Community Health Center*	Subsidy	$255,000
** Previous recipient of a development grant*		
DISTRICT: Western		**$10,000**
HealthReach Community Health Centers	Subsidy	$10,000
Community Concepts in Oxford County had a development grant in 2002-2003. HealthReach was previously a recipient of development grants.		
DISTRICT: York		**$42,000**
York County Community Health Care*	Subsidy	$42,000
** Previous recipient of a development grant*		

Note: Development grants were initiated in January 2004. The amounts shown are annualized and terminated on June 30, 2008.

Examples of Successful Outcomes for Oral Health Allocation

Tobacco settlement funds providing support for development and expansion of dental services and for dental case management and community education have benefited all 16 counties of the state. Many grantee agencies have successfully used their Dental Services Program grants to leverage additional funds from other sources. An estimated 250,000 people or more statewide are estimated to benefit from the expanded capacity of the various dental clinics and expansion of prevention and education services at other community agencies.

Dental Services Development Program: Examples of the impact of the Dental Services Development Program over the past eight years for contracting agencies and their communities include:

- Between the fall of 2002 and the spring of 2003, three new dental clinics began operation (in Bangor, Strong, and Ellsworth) with help from development and expansion grants. This represented a 25% increase in the number of clinics statewide in less than three years. Later grants were made to support the development of a clinical dental program at the Bingham Area Health Center (suspended due to staffing issues), expansion of community oral health education and clinical services capacity in Eastport, and expansions to increase clinical capacity at the Jessie Albert Clinic in Bath and at the Penobscot Community Health Center in Bangor. In FY 07 a small contract ($10,000) to HealthReach Community Health Centers supported the development of a business plan that has resulted in the successful recruiting of dentists for their dental programs in Strong and Bingham and improved operational procedures.
- The Aroostook County Action Program added a dental hygienist to its staff to provide preventive dental services through the WIC program to preschool-age children without a regular source of dental care with its grant (October 2002 – September 2003). Based on one year's support and success, the agency decided to retain and further expand this program, which it supports through MaineCare revenue and other sources.
- The City of Portland's Public Health Division used previous grants to reorganize and coordinate its various oral health functions. The department streamlined its structure for oral health services and positioned itself favorably to successfully apply for substantial federal funding to further support oral health services for the city's indigent and homeless populations. The most recent grant supported oral health case management for children in city schools and coordination of efforts between and among Portland health and social service agencies to expand dental services for underserved population groups.
- Community Concepts, a community action agency in Oxford County, developed systems for accessing preventive services for Head Start children, as well as ways to obtain needed restorative care with a 15-month grant that ended in June of 2003. To help institutionalize their efforts, they produced a Head Start Dental Services Policy/Procedures Manual.
- Volunteer-based programs in Waldo and Knox Counties developed strong networks for dental referrals, successfully growing and maintaining these networks to provide acutely needed dental care for people who otherwise could not obtain services. On Vinalhaven Island, with a community outreach focus, children without a regular source of care were offered preventive services, and a volunteer driver program was significant in assuring that elderly island residents could obtain dental care. The most recent awards allowed the Knox County Dental Clinic to hire a part-time dental hygienist and reduce waiting time for restorative services; coordinated and expanded the volunteer-based clinical and school-based prevention programs

in Waldo County; and continued services and case management on Vinalhaven, where the Health Center and its dental clinic have since been funded as a federally qualified health center.

- In Washington County, the Washington County Children's Program further developed a dental case management component in its work with schools and coordination among agency programs, the program successfully supported a county-wide task force to coordinate community-based initiatives to increase access to dental care and in oral health promotion and education.
- In Pittsfield, the community hospital hired a dental hygienist to help integrate oral health promotion and education into its community education efforts, and implemented a classroom-based oral health education program in elementary schools in the local school administrative district. The most recent grant supported further development and institutionalization of these efforts.

Dental Services Subsidy Program: The private, nonprofit dental agencies participating in the Dental Services Subsidy Program provide clinical dental services to at least 60,000 people throughout the state. By assisting these agencies in providing services for about one-fifth or more of patients seen, the Subsidy Program assists them in keeping their dental practices open to more people and accepting patients from wider geographic areas, of particular importance since dental clinics are not evenly distributed throughout the state. The Subsidy Program helps these agencies to provide a full range of preventive and restorative care, and to assure that there is a full representation of sliding-fee patients in their patient mix.

Participating agencies have noted being able to treat patients who could not otherwise afford any dental care, being better able to meet an increasing demand for services, and they consider the Subsidy Program to be a critical element toward maintaining agency solvency. The Subsidy Program helps them to offset the deficit they experience from providing services to MaineCare patients, to lower income adults in particular and to those who qualify at the low ends of their sliding-fee scales. Without this funding, sliding-fee scales would be adjusted upward, making the fees much less affordable for low-income patients, and resulting in more people delaying in seeking care until their dental problems become more acute, and more expensive to treat.

In FY 2008, these agencies were partially reimbursed through the Subsidy Program for services provided to 16,488 patients, through which patients received over 30,000 dental services in 18,108 visits. Of these patients, about 7,204 (44%) were for MaineCare members who received dental services not covered by MaineCare. Data indicates an average of 1.10 visits per patient, an average 1.8 services per patient, and an average subsidy of $51 per person. These are overall figures and vary by participating site. Since SFY 2005, a majority of these clinics provided services in excess of what the Subsidy Program could support. The table below displays data for FY 2008 as well as for the preceding two fiscal years.

According to *Oral Health in America: A Report of the Surgeon General*, what amounts to a "silent epidemic" of dental and oral diseases continues to affect some population groups.

The impact of the Subsidy Program for contracting agencies and their patients may be further described as follows:

- Helps participating programs to maintain fee scales at levels that are affordable to the patients they are committed to serve, especially at the low ends of sliding-fee scales, and is described as "critical to our ability to provide care to the disproportionate numbers of patients without insurance who are served."
- Facilitates treatment of individuals who could not otherwise afford dental care.
- Provides assistance to dental clinics in providing non-covered services to MaineCare members, particularly those age 21 and older (MaineCare dental coverage for adults is limited).

Summary: Dental Services Subsidy Program

	FY 06	FY 07	FY 08
Patients Seen	14,595	15,986	16,488
Services Provided	25,708	27,741	30,475
Visits Provided	16,608	20,972	18,108
Services Per Patient	1.76	1.74	1.85
Number/Percent of MaineCare Members (for non-covered services)	5,690 (39%)	6,398 (40%)	7,197 (44%)
Visits Per Patient	1.14	1.31	1.10
Subsidy Per Patient	$44.54	$42.85	$51.19
Subsidy Per Visit	$39.14	$32.66	$46.61
Subsidy Per Service	$25.28	$24.69	$27.69
Dollars Available	$650,000	$685,000	844,000
Dollars Encumbered	$650,000	$685,000	844,000
Dollars Billed	$852,260	$913,040	911,000
Funding Gap	$202,260	$228,040	$63,947

Note: Figures should be considered as estimates and are subject to rounding.

Donated Dental Services Program: $42,562 FY 2008 and FY 2009

This program, administered via a contract with the National Foundation for Dentistry for the Handicapped, based in Denver, CO, provides essential dental care to disabled, elderly, and medically compromised individuals who cannot otherwise afford it, and who have no public or private insurance for dental services. Participating dentists provide their services free of charge to eligible persons who are screened and referred by a coordinator. The Fund for a Healthy Maine supports the coordinator, laboratory expenses (for dental prosthetics such as bridges and dentures) when volunteer laboratories cannot be found, and limited ancillary expenses. In FY 08, 101 individuals were referred to dentists, and 75 received care. The value of the care they received was $187,382, and the ratio of donated treatment per dollar of operating costs was $4.78 to $1. Nearly 20% of Maine's dentists are enrolled as volunteers in this program, which has provided $1,314,216 worth of dental services to 621 people since it started in Maine in 1999.

Maine Donated Dental Services Program

	FY 06	FY 07	FY 08
Referrals	91	89	101
Patients Treated (completed care)	66	66	75
Number of Volunteer Dentists	117	125	142
Value of Care to Patients Treated	$152,732	$178,661	$187,382
Average Value of Treatment per Case	$2,314	$2,707	$2,499
Ratio/Donated Treatment per dollar of operating costs	$5.85	$4.01	$4.78

Non-MCDC Oral Health Program Supported by the Fund for a Healthy Maine

FAME

FY 08 $0.24 million

The Maine Dental Education Loan and Repayment Program: This program is funded by the Fund For A Healthy Maine and administered by the Finance Authority of Maine, and has been in place since 2001. The Dental Loan Program provides need-based loans of up to $20,000 annually for Maine students attending dental schools; these loans have forgiveness provisions (25% of the loan balance for each year of practice) if they return to Maine and practice primary dental care in a designated underserved area, sees MaineCare patients and provides care using an income-based sliding-fee scale. The Dental Loan Repayment Program provides up to $20,000 annually for up to 4 years to dentists for payment toward dental education loans. By statute, FAME may only make a combined total of 3 awards annually to dental students and/or loan repayment recipients, with a maximum expenditure of $240,000. The first dentist to return to Maine after receiving assistance to attend dental school currently works at a community-based nonprofit dental clinic. A second graduate completed a pediatric dentistry residency program, returned to Maine, and works for a nonprofit agency. The program's 12 slots are all presently filled; new applications exceed available slots, and are reviewed and funded as students graduate and those with repayment requirements discharge those obligations.

CHALLENGE:

Because of the increasing gap between the costs of providing services and revenues from MaineCare and sliding-fee scales, the reimbursement formula for the Dental Services Subsidy Program has been adjusted for SFY 09. However, although this will provide higher reimbursements to participating agencies on a monthly basis, it will also mean that available funds are utilized and exhausted sooner during the fiscal year. In the coming biennium, this will be a particular challenge to the program because of the reduction in the oral health allocation, and a corresponding financial challenge to the community-based agencies that comprise an increasingly vulnerable safety net for oral healthcare services.

Community Family Planning

The State of Maine has supported family planning services for almost 40 years. This support has prevented unintended pregnancies, reduced child abuse and neglect, decreased related social service costs, contributed to the reduction of child poverty, and reduced abortions. These family planning clinics do not – and have never – paid for abortion care services. Family planning services do contribute to the prevention of cervical and breast cancers, the spread of sexually transmitted diseases, and access to early prenatal care through pregnancy testing, counseling and referrals. In addition, healthcare providers become the de facto primary care providers for many women, since 70% of women of childbearing age enter the healthcare system to address an obstetrical or gynecological need or problem. (Allen Guttmacher Institute). Recent calculations published in the *Journal of Health Care for the Poor and Underserved* estimate that for every one dollar spent on family planning services, four dollars in public sector costs are saved.

In Maine, family planning funds provide for clinical services for low-income women, men and teens, family life education as part of comprehensive health education in schools and community-based outreach and education.

Current allocation: ($0.88 million)

Other Sources of Funds for These Programs:

Family Planning's other sources include: Federal Funds (Social Services Block Grant = SSBG $0.110 million) and State General Funds ($0.784 million, which includes Community Family Planning, MCHBG State Match). Other government funds for Family Planning include Federal Title X Funds ($1.60 million) and Medicaid patient reimbursement ($1.25 million).

Historical State Support for Family Planning

State Fiscal Year	Federal block grant funds	State funds	Fund for a Healthy Maine	Total
1991	866,206	819,145		1,685,351
1992	342,501	1,313,509		1,656,010
1993	342,501	1,313,509		1,656,010
1994	273,406	1,052.150		1,325,556
1995	273,406	1,052.150		1,325,556
1996	273,406	1,052.150		1,325,556
1997	273,406	1,052,138		1,325,541
1998	323,358	1,021,883		1,345,241
1999	273,406	1,078,630		1,356,566
2000	273,406	1,083,150		1,356,566
2001	273,406	1,083,150	400,000	1,756,556
2002	273,406	1,083,150	400,000	1,756,556
2003	273,406	982,370	400,000	1,655,776
2004	273,406	1,014,090	400,000	1,687,496
2005	273,406	997,344	400,000	1,670,750
2006	525,552	773,842	399,223	1,698,617
2007	525,552	784,571	410,062	1,720,185
2008	525,552	716,219	468,962	1,710,733
2009	110,274	784,571	884,240	1,779,085

Note that the FY 2008 increase in the FHM for family planning was offset by a decrease in the Federal Social Services Block Grant allocation.

Maine has leveraged numerous sources of funding in its support for family planning. Below are the many funding sources that the family planning system uses to support the services provided to women, men and teens throughout the state.

Funding lines included in the Maine CDC TYAHP grant

Account name	FY 08	FY 09
State General Fund – State Social Services	$ 273,406	$ 273,406
Social Services Block Grant	$ 525,552	$ 110,242
State General Fund – Community Family Planning	$ 214,593	$ 225,322
State General Fund – Match for the Maternal and Child Block Grant	$ 285,843	$ 285,843
Fund for a Healthy Maine	$ 468,942	$ 884,240
Total	**$ 1,710,733**	**$ 1,779,085**
Funding through other Maine CDC programs		
Maine Breast and Cervical Health*	$ 49,678	$ 49,678
STD & HIV Programs*	$ 95,000	$ 76,000
Federal funding going directly to the FPA or its delegates		
Title X – Base Funding	$ 1,764,287	$ 1,764,287
MaineCare*	$ 1,246,417	$ 1,185,209
Other funding they receive		
Program Income (includes private insurance)*	$ 3,594,876	$ 3,774,660
Totals by source		
FHM	$ 468,942	$ 884,240
State	$ 773,842	$ 784,571
Federal	$ 3,760,722	$ 3,385,335
Other	$ 3,695,808	$ 3,873,713

FY 2008 grant included a curtailment from the initial grant amount.
* Amounts are estimated since they are dependent on services provided.

Explanation of funding sources:

Public and/or Grant-Related Sources: The following sources of funding for family planning services are restricted to fixed grants, many of which have either declined or been maintained while variable medical expenses have increased.

State General Fund – State Social Services: Formerly budgeted by Community Services Center, administered by the MCDC, part of the State's strategies to reduce child abuse and neglect by reducing unintended pregnancy. Provides match for Federal Social Services Block Grant.

Social Services Block Grant: Formerly budgeted by Community Services Center, administered by the MCDC, part of the State's strategies to reduce child abuse and neglect by reducing unintended pregnancy.

State General Fund – Community Family Planning: Line item in the State budget, for the purpose of reducing unintended pregnancies among low-income women and teens.

State General Fund – Direct Services Match: Provides match for Federal Maternal and Child Health Block Grant, responding to the MCHBG Performance measure of reducing teen pregnancy. Of the amounts

budgeted in these four lines, $250,000 are designated for Family Life Education consultation services to schools, and the remainder towards clinical services. Clinical services follow Title X regulations.

Fund for a Healthy Maine: Included in the first budgeted amounts for the Master Tobacco Settlement Funds, this line was originally earmarked to provide community education and outreach in 30 communities with higher-than-state-average teen pregnancy rates. Recent increases in this allocation have not been earmarked for any particular services within the family planning grant.

Title X base funding: Provides support primarily for clinical services. A grant directly from the US Dept. of Health and Human Services to the FPA supports a sliding-fee schedule for uninsured clients.

Variable Sources of Income

The following sources of income are variable and are directly linked to the service capacity public funding provides to rent space, open doors, hire staff, and support medical expense. Any savings achieved by reducing grant funding would likely result in revenue losses associated with the variable revenue sources described below due to reduced service capacity.

Medicaid: reimbursement for services provided to MaineCare members.

Breast and Cervical Health: pays for pap smears for women who are eligible for this program, on a fee for service basis.

STD & HIV funds: includes free testing and medications provided by the HIV/STD program with their federal grant funds.

Program Income: includes fees collected and reimbursement from private insurers.

Services Provided and Results:

In 2008, the family planning system including the Family Planning Association of Maine and nine delegate agencies served:

- 29,530 clients in clinical sites, including 8,099 teens ages 15-19, 9,381 young adults ages 20-24, and 14,421 low-income clients. The availability of emergency contraception at pharmacies, stormy weather this past winter and higher fuel costs contributed to a decrease in clients served.
- 93 schools received support for Family Life Education. Thirty school districts with high teen pregnancy rates received priority for core services including curriculum consultation, professional development, resources, advocacy support, guest speaking, and parent programs.
- 6,879 youth and 3,816 adults participated in outreach and education programs in 36 communities. 350 organizations partnered with the family planning system to provide these services. An additional 3,951 adults and 1,295 youth participated in activities supported by these organizations.

In response to increases in medical costs and the need for greater access points, the family planning system has increased the number of clinical partners, while needing to close stand-alone family planning sites. As a result, despite a decrease from 31 sites 10 years ago to 27 stand-alone sites currently, the total number of family planning access points has increased to 45.

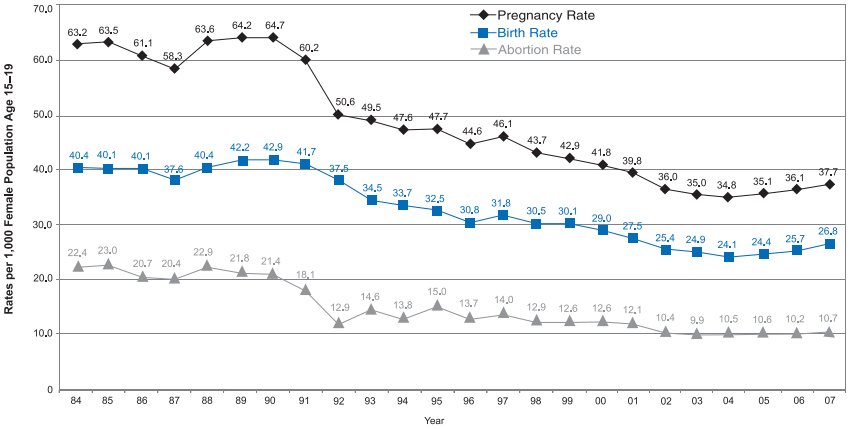
Maine's teen pregnancy rates continue to decrease. In 2007 the rate for 15-19 was 37.7 per 1000 females. However, decreases in teen pregnancy rates have begun to level off, and for some age groups increase. Pregnancy rates for older teens (18-19 years of age) have decreased over the past 20 years, but not at the same rate as those for younger teens. These rates have increased in the past three years, from 56.0 per 1000 in 2002 to 68.6 per 1000 in 2006.

The 2007 Youth Risk Behavior Survey showed that:

- 55% of Maine high school students reported never having had sexual intercourse, an increase of nine percentage points since 1997.
- The numbers of middle school and high school students having intercourse has decreased significantly in recent years; from 23% in 1997 to 12% in 2007 among middle school students and from 52% in 1997 to 45% in 2007 among high school students.
- The percentage of currently sexually active high school students who used a condom during their last sexual intercourse has improved significantly from 51% in 1997 to 59% in 2007.

Maine ranks 4th in the nation for low teen pregnancy rates.

Teen Pregnancy Outcome Rates, 1984–2007*
Females Age 15–19
Maine Resident Data



Note: Pregnancies include live births, induced abortions, and reported fetal deaths.
* Data are preliminary.

Family Planning sites by district

Aroostook District

ACAP Health Services (Formerly Health 1st/ACAP)
Fort Kent
Houlton
Presque Isle

Central District

KVCAP
Waterville
Skowhegan

Family Planning Association of Maine
Augusta

DFD Russell Medical Center (FQHC)
Monmouth

Maranacook Community School (SBHC)
Readfield

Cumberland District

Planned Parenthood of Northern New England
Portland

Portland Public Health (SBHC)
Casco Bay HS
Deering HS
King Middle
Portland HS
West HS

Western Maine Community Action Health Services
Sacopee Valley Health Outreach Clinic (Porter)

Downeast District

Downeast Health Services
Calais
Ellsworth
Machias

Maine Maritime Academy (SBHC)
Castine

Calais High School (SBHC)

Island Medical Center
Stonington

Arnold Memorial Medical Center
Jonesport

Milbridge Medical Center

Harrington Family Health Center (FQHC)

York District

Planned Parenthood of Northern New England
Biddeford
Sanford

Midcoast District

Family Planning Association of Maine
Belfast
Damariscotta
Rockland

Island Community Medical Services (FQHC)
Vinalhaven

Planned Parenthood of Northern New England
Topsham

Penquis District

Penquis
Bangor
Dexter
Dover-Foxcroft
Lincoln
Millinocket

Western District

Western Maine Community Action Health Services
Lewiston
Farmington
Rumford
Norway

DFD Russell Medical Center (FQHC)
Leeds
Turner

Health Reach Network (FQHC)
Bethel Family Health Center
Bingham Area Health Center
Rangeley Regional Health Center

Challenge #1: Unintended Pregnancies in Young Adults

We have not made the same progress with unintended pregnancies in young adults. Unintended pregnancies for young adults ages 20-24 have increased from 47.8% in 1999 to 53.9% in 2006. Like teen pregnancies, unintended pregnancies in this age group can also interrupt education, reduce earning potential, increase life-long poverty and create costs to the public sector.

These data point to the continued need to employ strategies that reach all teens, especially those with the most disadvantages and those who may not be motivated to prevent a teen pregnancy.

Challenge #2: Price increases

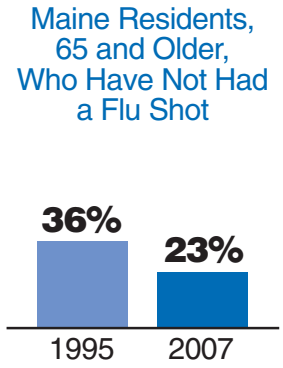
The total State support for family planning has increased a total of 5% since 1991, during a time in which medical costs increased by approximately of 6.6% per year. Currently, family planning clinics nationwide are facing a large increase in their lowest-cost oral contraceptives, which will put even greater pressure on the system.

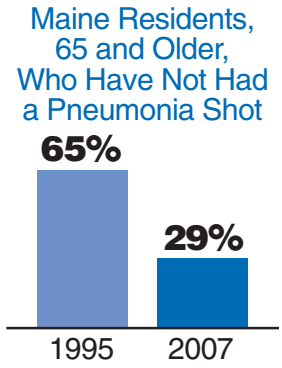
Recently, Ortho Pharmaceuticals sharply raised the prices they are charging Title X clinics for the second time in three years, which will result in significant additional annual costs to the family planning system in Maine. Few of these costs will be recouped in third party insurance or patient fees since more than 50% of the clients who are on a birth control pill are at or below 100% of the federal poverty guidelines. They receive services and supplies at no charge. In addition, MaineCare rates do not allow the family planning system to charge these increased rates.

Influenza and Pneumonia Vaccinations

The problem in Maine

- Several hundred people die every year in Maine from vaccine-preventable influenza and bacterial pneumonia.
- Influenza vaccine can prevent 60% of hospitalizations and 80% of deaths from influenza-related complications among the elderly.
- 23% of Mainers 65 and older in 2007 have not had a flu shot, and this is greatly improved from 36% in 1995.
- 29% of Mainers 65 and older in 2007 have not had a pneumonia shot, and this is greatly improved from the 65% in 1995.





History of Funding

2000: The 2000 Fund for a Healthy Maine budgetary statute appropriated $1.8 million to "improve the delivery of and access to tobacco-related chronic disease prevention services by providing financial incentives to Medicaid healthcare providers whose practices involve an excellent level of preventive services, thereby decreasing rates of tobacco-related chronic diseases. Preventive services include screening for and treating high blood pressure and high cholesterol, offering effective tobacco-cessation services and providing certain vaccines, such as influenza and pneumococcal vaccines, in order to reduce the impact of certain infectious diseases on people with tobacco-related chronic diseases." (Public Law 1999, Chapter 731)

2000–2003: Some amount of this $1.8 million was used for influenza and pneumococcal vaccines for the years 2000–2003. The funds were appropriated to an account in the Bureau of Medical Services (Maine Medicaid) so that federal match for some of the services could be drawn down. The proportion of the funds used for vaccine purchase was transferred every year to the then Maine Bureau of Health in order for their Immunization Program to use the funds to purchase vaccines at the federal contract rate available to them.

2004: The vaccine portion of the account was separated and became $450,000, and referenced the purchasing of vaccines as directed by Public Law 1999, chapter 731.

2007: The account was moved from the Office of MaineCare to the Maine CDC, since it had not been possible for federal Medicaid dollars to be matched for several years.

During the severe national influenza vaccine shortages of 2004 and 2005, these FHM funds enabled Maine to access federally-available flu vaccine that was set aside for states to purchase.

Flu season	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Funding ($, in million)	0.45	0.76	0.80	1.10	1.21	1.26

Current Priorities:

- This funding for influenza and pneumococcal vaccines has supported purchasing these vaccines for employees and patients in long-term care facilities, patients served by health centers, Bangor and Portland public health clinics, hospitals, and to some degree, when funds allow, private practices.
- These funds have also allowed Maine to provide thimerosal-free influenza vaccine for children and pregnant women.
- These FHM funds enable Maine to take advantage of federal discount contract rates for purchasing vaccines, a rate that is only available to states. Over the years, this discount has varied between 10–50% of the normal retail price.
- Although the amount of FHM for these vaccines has increased, the price of these vaccines has increased much more. For instance, the price of influenza vaccine has increased from about $2 per dose 10 years ago to $12–$20 per dose (depending on if thimerosal-free or not).

	2007-2008 Flu Season (Distributed)		2008-2009 Flu Season (Planned)	
Dose of Vaccine and Cost	**Dose**	**Cost**	**Dose**	**Cost**
Adult flu vaccine	91890	$1,002,680	88240	$879,753
Child flu vaccine	5800	$79,750	5000 (FluMist)	$92,500
Thimerasol-free flu vaccine	8000	$102,160	8000	$256,500
Pneumococcal vaccine	2000	$29,300	2000	$29,735
Total cost of the season	**$1,213,890**		**$1,258,488**	

Number of facilities by category received these vaccines		
FQHCs & RHCs	59	70
Hospitals	12	18
Long-term care facilities	73	71
City/local public clinics	6	14
Private practices (pediatric)	162	25
Private practices (adult)	162	183
Others	32	32

The following is the detailed usage of FHM-funded vaccines in different settings for the upcoming 2008-2009 season:

	Vaccine	Dose	Cost
FQHCs & RHCs	Pneumo Flu	345 20210	$5,610 $242,520
Hospitals	Pneumo Flu	150 5380	$2,439 $64,560
Long-term care facilities	Pneumo Flu	400 3020	$6,504 $36,240
City/local public clinics	Pneumo Flu	50 510	$813 $6,120
Private practices (pediatric)	FluMist	5000	$92,500
Private practices (adult)	Pneumo Flu	1005 44830	$16,341 $537,960
Others	Pneumo Flu	75 4120	$1,220 $49,440

Human Leukocyte Antigen Program

Leukemia is diagnosed 10 times more often in adults than in children, although it is often thought of as primarily a childhood disease. Leukemia occurs more commonly in males than females. Some risk factors for leukemia include Down Syndrome and other genetic abnormalities, exposure to certain chemicals such as benzene, and cigarette smoke. American Cancer Society projects that in 2008 an estimated 44,270 new cases will be diagnosed in the US and 260 cases in Maine. According to the most recent data available, 2004, Maine ranks 3rd in the incidence of Leukemia. An estimated 21,710 deaths are expected to occur in 2008 in the US and 110 deaths in Maine. Death rates in males and females combined have decreased by about 0.8% per year since 1995. This is likely due to advances in treatment that have resulted in a dramatic improvement in survival for those with acute lymphocytic leukemia, from a 5-year relative survival rate to 42% to 65%.

Since 1994, the Maine Leukemia Foundation, with the help of numerous support groups across the state, has added approximately 14,000 donors to the National Registry. Adding new donors to this resource and resulting life-saving transplants has been rewarding. However, volunteer donor numbers at recent drives have been smaller and it is evident that more effort should be applied for educational awareness about the donation process as well as increasing the number of actual testing clinics.

As previously forecasted, bone marrow drives have become smaller in numbers of donors tested per drive as the National Registry enrollment has grown in numbers from 1.4 million in 1995 to over 5 million today in 2007. However, the overall need for more donors continues due to attrition of current enrollees and the inability of the current registry to provide sufficient matching donors for patients in need. Currently the program is supplying less than half of qualified matching donors required to match all patients on an ongoing demand. The Nation Marrow Donor Program's statistics show us that the level of demand is 10,000 transplants per year.

The effort in Maine has been helped considerably by the FHM funding, but it is apparent that more effort is needed to reach out to all areas of the state in order to provide more opportunities for volunteer donors to join the National Registry. As this memo is written for the close 2007 year, it is noted that an 'outreach' program is being started in July of 2008 to help boost the number of volunteer donors recruited by more proactive outreach to the various Maine Communities.

The goal of the National Marrow Donor Program is to meet the current patient need or 10,000 transplants per year within the next few years. This will be a huge task and the Maine Leukemia Foundation remains committed to do as much as we can to help.

03/30/07	Biddeford/UNE	tested 51 (less credit)	$2790.00
04/24/07	Portland/UNE	tested 90	$5580.00
08/10/07	Perry Health Fair	tested 6	$0000.00
09/16/07	Naples Powwow	tested 11	$0000.00
10/18/07	So. Portland/Aetna	tested 29	$0000.00
2007	**Activity and billing**	**187**	**$8370.00**
			average cost $45.75 pp

Total Number of Donors Tested And FHM Invoices

2007 tested	187 donors	$8,370.00	average cost $45.75 pp
2006 tested	406 donors	$25,437.00	average cost $62.65 pp
2005 tested	519 donors	$34,195.00	average cost $65.88 pp
2004 tested	1224 donors	$54,645.00	average cost $44.65 pp
2003 tested	589 donors	$42,600.00	average cost $72.35 pp

The Maine Leukemia Foundation wishes to acknowledge the importance of the FHM fund and appreciation for continued support of testing clinics/drives in Maine. The current lab fee for testing is $52.00 pp, which varies depending on availability of grant money from NMDP.

Home Visiting Allocation

Home Visitation Programs have been shown to improve the overall health of children and their families, as well as prevent and reduce child abuse. (CDC, September, 2003)

Government Funding History: The first State funds for Home Visitation Programs were appropriated for SFY 1997 ($0.27 million) from the General Fund. This was increased to $0.56 million in 1998. Six pilot sites in Maine were funded from these funds.

From SFY 02 through SFY 04, $4.3 million in tobacco settlement funds were allocated for Home Visits on an ongoing basis. In FY 05, this amount was increased to $4.6 million. In FY 04, monies from the Adolescent Pregnancy and Parenting Program were blended with existing home visitation funds, resulting in a total of $754,694 from the Medicaid Provider Account. In FY 05, funds from the Medicaid Provider Account were decreased to $454,694.

State Fiscal Year	Amounts (millions)	Source of Funds	Total Annualized
SFY 97	$0.27	General Fund	$0.27 million
SFY 98–2000	$0.56	General Fund	$0.56 million
SFY 01	$0.56	General Fund	
	$4.80	Tobacco Settlement	$5.36 million
SFY 02	$0.56	General Fund	
	$4.30	Tobacco Settlement	$4.86 million
SFY 03	$0.26	General Fund	
	$3.30	Tobacco Settlement	
	$1.00	TANF*	
	$0.26	Medicaid Provider Account	$4.82 million
SFY 04	$4.30	Tobacco Settlement	
	$0.75	Medicaid Provider Account	$5.05 million
SFY 05	$4.60	Tobacco Settlement	
	$0.45	Medicaid Provider Account	$5.05 million
SFY 06	$4.52	Tobacco Settlement	
	$0.45	Medicaid Provider Account	$4.97 million
SFY 07	$4.72	Tobacco Settlement	
	$0.27	State MCH Funds	$4.99 million
SFY 08	$5.38	Tobacco Settlement	$5.38 million**

*In FY 03, $1 million in TANF funds replaced $1 million in tobacco settlement funds on a one-time basis.
**In FY 08, the state MCH match funds were eliminated due to an increase in the FHM amount and the need to reduce general fund expenditures.
(Note: For the past few years, Tobacco Settlement monies have been used to leverage additional federal dollars through Targeted Case Management and MaineCare.)

Local organizations such as hospitals, Community Action Program (CAP) agencies, and other nonprofit agencies donate a significant portion of in-kind local services in order to receive State funding. Other sources of funds include some reimbursements from Medicaid insurance for Targeted Case Management for ongoing case management and contributions from United Ways and private funders.

Home Visits Allocation

In fiscal year 2006, the funds for home visitation were level funded and continued as noncompeting grants. The Maine CDC contracts with 14 agencies to provide parent education and support services for first-time families. The current contracts are for a 12-month period (July 1, 2008 to June 30, 2009). For simplicity, the figures listed below are for a 12-month period.

Home Visitation Allocations (Total = $5.2 million)

Annualized Award	Program Name	Lead Agency
$444,290	Healthy Families Androscoggin	Advocates for Children
$306,963	Aroostook Healthy Families	Aroostook Council for Healthy Families
$356,557	Parents as Teachers (Oxford)	Community Concepts
$439,154	Alliance for Healthy Families (York)	H.D. Goodall Hospital
$680,881	Kennebec Healthy Families (Kennebec/Somerset)	KVCAP *
$488,436	Parents Are Teachers, Too (Penobscot/Piscataquis)	Penquis CAP*
$235,405	Family First (Washington)	Down East Community Hospital
$745,781	Healthy Families Partnership (Cumberland)	Youth Alternatives Ingraham, Inc.
$159,536	Parents Are Teachers, Too (Waldo)	UMaine Cooperative Extension
$308,066	Knox County Parent Education & Family Services* (Knox/Sagadahoc)	
$257,500	Parents Are Teachers, Too (Hancock)	Downeast Health Services, Inc.
$ 92,742	Healthy Kids! (Lincoln):	Healthy Kids! Family Resource Network/ CAN Council
$172,521	Growing Healthy Families (Franklin)	Franklin Memorial Hospital

* Services provided in two counties

Evaluation Allocation

A multi-year contract for the annual evaluation of the Home Visitation Program for $217,000 was renewed to Hornby Zeller Associates. This core evaluation began in July 2002, through a competitive bid process. Recently, we have added an oral health indicator to our public health performance measures, and are working to finalize the web-based data system to improve data quality and timeliness. In addition, DHHS has partnered with the Margaret Chase Smith Policy Center to conduct an evaluation of the effects of implementing the Brazelton Touchpoints approach as a core training requirement for home visiting professionals.

With the increased funding in FY 08, it was possible to develop a Maine Training Team to implement the Touchpoints approach and develop a training infrastructure to support the newly required statewide Standards of Practice to provide more consistency and quality assurance across all programs. During FY 08, we began a pilot home visiting program enhancement for the Somali population in the Lewiston/Auburn area. This pilot, while abiding by the Standards of Practice, has also adapted its

eligibility criteria and timing to be more culturally responsive. A dedicated home visitor works closely with an interpreter and spends significant time in the community outside of home visits. In the first six months of the program, nine families have enrolled and are seeing positive results in home safety and child development.

Curricula and Best Practices

Parenting is not an easy task, and the stressors that influence family functioning and a child's growth and development are not constrained by socioeconomic status or geography. DHHS universally offered this family-centered service long before it was codified into law from this past legislative session. It uses a public health approach to provide the best parenting support services possible that lead to optimal child and family outcomes. In the past two years, using local and national evaluation and research, Standards of Practice were established statewide that are requirements of the current contracted providers. Maine has raised the bar for home visiting qualifications and professional development expectations. We have instituted a peer-led home visiting Touchpoints training team endorsed and embraced by the Brazelton Touchpoints Center in Boston. Home visiting is the program that bridges health, early care and education, family supports and community resources—truly the model of cross-disciplinary prevention efforts.

Primary Purpose and Goals

Seeking optimal health, development and well-being for mothers, fathers, families, pregnant women, infants and children, the purpose and goals of the Maine Home Visiting Program are as follows:

Purpose

- Foster optimal physical and emotional health and well-being for parents and their children.
- Enhance family functioning with a focus on family strengths, problem-solving skills and family support systems.
- Assist parents in the ability to develop advocacy skills both for themselves and their children.
- Support parents as their child's first and most important teachers.
- Strengthen bonding and attachment between parents and children.
- Enhance parents' interest in and knowledge of their child's development.

Goals

- Healthy and strong parent-child attachment.
- Family health, emotional and physical well-being.
- Reduced incidence of child abuse and neglect.
- Positive and creative learning environment for the child.
- Family self-sufficiency.
- Positive and effective parenting.
- Parental competencies and self-confidence.
- Community linkages/reduced family isolation.
- School Readiness

95% of enrolled children were up-to-date on immunizations at age two.

Evaluation and Quality Assurance

Evaluation of the Home Visitation Programs was awarded to Hornby Zeller Associates, Inc. in July of 2002. A database was developed for capturing statewide data and is maintained by the evaluator. Hornby Zeller provides an annual report based on analysis of the qualitative and quantitative data.

Among the findings from FY 08 are:

Home Visitation Participant Demographics:

- Mother is the primary caregiver 98% of the time.
- 49% of the parents were 22 or younger when they had their first child.
- 38% are married with the other 62% either single or partnering.
- 30% earn less than $10,000 annually and another third earn between $10,000 and $30,000.
- 21% do not have a high school education and twice that amount have only a diploma or GED.

Home Visitation Process:

- 36% enrolled in the program prenatally.
- 21,595 home visits were completed by programs during fiscal year 2008 (this increase reflects a seasoned workforce getting more efficient and increasing the number of visits annually despite flat funding).
- 4,958 families were served (2,846 with home visits).

The local programs also provide information on other community resources that assist families. The community resources most frequently reported by families as useful were child care, WIC, housing, and assistance with finding a counselor and primary care provider (PCP).

Outcomes for children of families enrolled in Maine's Home Visiting Program exceeded national or state benchmarks in six of six public child health indicators.

Examples of Successful Home Visitation Child Health and Developments Results:

- 99.5% of enrolled children had a primary care provider.
- 98.9% of enrolled children were up-to-date on their well-child checkups.
- 97% of enrolled children were up-to-date on immunizations at age two.
- 99% of enrolled children had health insurance (two-thirds of the children through MaineCare).
- Enrolled families had higher rates of breastfeeding at one year than Maine and national percentages.
- Enrolled families demonstrated statistically significant improvements in overall home safety from enrollment to the most recent home visit.
- All age eligible children participating were screened for developmental milestones.
- 12.6% of those children screened didn't meet developmental milestones and 72.6% of these children are receiving related services to address the delays.
- 30% of families noted at enrollment that secondhand smoke was a concern for their children's health; of these families, 70% have changed their behaviors to reduce or eliminate their children's exposure to secondhand smoke.

Client Satisfaction Results:

- 93% of parents report their confidence in their parenting skills increased moderately to greatly because of their home visit participation.
- 90% of parents report that their child has been helped moderately to greatly by their participation.

More specifically, parents report the following positive changes as a result of participation:

- Child Development 99%
- Home Safety 98%
- Child Nutrition 98%
- Child Discipline 95%
- Car Seat Safety 95%
- Breastfeeding 87%
- Secondhand Smoke 89%

Child Care/Head Start Expenditures

The total Fund for a Healthy Maine Child Care/Head Start Allocation for FY 2008 was $5,872,200. These funds were allocated by the Legislature for child care and Head Start services. The child care portion of these funds is used as State match for the Child Care Development Fund. Without these funds Maine would be unable to receive $15,936,570 in federal funds for child care services. The Head Start portion of these funds is used as match for each agency's application for federal Head Start funds or for State match for MaineCare Targeted Case Management funds.

1. Child Care Vouchers (Contracted)	$2,060,081
2. Child Care Vouchers (In House)	$1,538,062
3. Head Start Services	$1,561,765
4. Programs for 12-to-15-Year-Olds (10/1/07-6/30/08)	$488,274
5. Child Care Resource Development Centers	138,889
6. Afterschool Network	$56,684
7. Quality Initiatives to Improve Child Care Quality	$28,445
Total	**$5,872,200**

1. Funds were allocated for **Child Care Vouchers** which were used to purchase child care services for low-income parents who were either working or attending school or a training program. Allocations were for specific age groups and categories, based on a shortage of care for these populations. These allocations were as follows:
    a. **Infant-Toddler Care** is care provided to children ages 6 weeks to 3 years.
    b. **School-Age Care** is care provided to children attending Kindergarten through their 13th birthday.
    c. **Odd-Hour Care** is child care provided during evenings and nights – 6PM to 6AM – as well as on weekends and holidays while parents are working or attending an educational program. There has been a significant amount of research done in recent years in response to the dramatic growth in paid employment among mothers with young children and the corresponding need to expand and improve child care options for parents (Presser, 2003). A very small number of centers in Maine are open in the evenings and on weekends. As a way to encourage programs to remain open in the evenings and on weekends, providers who care for children during that time period receive a differential in voucher payment for care provided.
    d. **At-Risk Care** is child care provided to children who are considered to be temporarily at risk as a result of a documented family crisis and do not meet the guidelines to receive funding through the Child Care Development Fund, because their parent(s) is neither employed nor attending an educational program. These vouchers are typically issued for one to six months and are used for occurrences such as a parent adjusting to the death of a spouse or child, dealing with an illness or accident, etc.
    e. The Quality Improvement Differential is a 10% incentive added to child care voucher payments to providers who have Quality Certificates. To earn a Quality Certificate a provider must meet standards of quality which exceed licensing requirements. These funds were also used to fund activities to improve the quality of child care.

During FY 2008, the DHHS contracted with eleven child care voucher management agencies to administer the child care vouchers for six months. The vouchers were administered by the Department for the remaining six months. The following is a list of these agencies and the amount allocated for each program in FY 2008:

Voucher Management Agency	Quality Improvements	School-Age Child Care	Infant/ Toddler	At-Risk Child Care	Odd-Hour Child Care	Admin. of Child Vouchers	Total
ACAP	$10,000			$6,113	$12,485	$33,316	$61,914
Belfast	$2,500	$14,941	$79,812	$5,778	$9,412	$22,875	$135,318
CCI		38,050	149,496	8,298	59,409	73,669	$328,922
CCSYC	$11,000	$54,010	$119,288	$9,874	$57,295	$71,335	$322,802
CFO		$19,259	$47,513	$6,113	$19,169	$39,397	$131,451
Family Focus	$2,035	$12,482	$43,799	$6,130	$24,746	$45,343	$134,535
Penquis CAP Penobscot/ Piscataquis	$5,077	$27,521	$101,482	$15,600	$34,963	$73,375	$258,018
Penquis CAP Knox County	$2,650	$8,433	$7,336	$6,086	$10,946	$35,767	$71,218
SKCDC	13,396	24,565	42,715	6,168	28,429	44,573	$159,846
SMAA	7,968	22,319	111,247	10,419	82,520	73,000	$307,473
WHCA	$12,526	$18,466	$62,898	$6,928	$13,401	$34,365	$148,584
Total	**$67,152**	**$240,046**	**$765,586**	**$87,507**	**$352,775**	**$547,015**	**$2,060,081**

The following is the amount allocated to the Department voucher staff for FY 2008:

Voucher Management Agency	Quality Improvements	School Age Child Care	Infant/ Toddler	At Risk Child Care	Odd Hour Child Care	Admin. of Child Vouchers	Total
Statewide Vouchers	$67,152	$240,046	$765,587	$87,507	$352,775	$24,985	$1,538,052

The following is the number of children receiving FHM funded vouchers in FY 2008:

Quality Improvements	School Age Child Care	Infant/Toddler	At Risk Child Care	Odd Hour Child Care
83	269	563	71	241

2. Head Start Funding from Fund for a Healthy Maine was used to support full-day, full-year Head Start programs that included wraparound child care services for children. Families eligible for these programs must be below 100% of the poverty level. In the FY 2008 $1,561,765 of FHM funds were used to provide 1484 units of Head Start Services for Maine's Children. A unit of service is defined as a month of Head Start Services for one child. Through these services, eligible Maine children received high quality, comprehensive early care and education services that foster children's growth and development by supporting and nurturing their social, emotional, cognitive and physical development, preventive health services, in the form of annual physical and dental examinations, up-to-date immunizations, a "medical home" and height, weight, vision, hearing and developmental screenings. Eligible Maine families were supported to participate in their children's program, assisting them as their child's primary educator.

During FY 2008, the DHHS contracted with eleven federally funded Head Start agencies across the state to provide these services. The following is a list of these agencies, the amount of FHM funds per agency and the number of children served with these funds:

	Children Served	Units Served	Fund for a Healthy Maine
Androscoggin Head Start	4	162	$120,145
Aroostook County Action Program	8	94	$120,145
Child & Family Opportunities	7	78	$120,145
Mid-coast Maine Community Action	10	117	$120,145
Community Concepts Inc.	33	399	$240,230
Kennebec Valley CAP	3	38	$240,230
Penquis CAP	17	199	$120,145
Peoples Regional Opportunity Program	11	130	$120,145
So. Kennebec Child Development Corp	7	87	$120,145
Waldo Community Action Partners	11	108	$120,145
York County Community Action	7	72	$120,145
	118	1484	$1,561,765

3. In FY 2008, $651,033 in Fund for a Healthy Maine funds were allocated to support programs for teenagers 12 to15 years of age. The contract year for these programs was changed from a federal fiscal year to a state fiscal year. For the period of October 1, 2007 to June 30, 2008, $488,274 was contracted out to programs to provide services for youth. On average, 1220 12-15-year-old youths were enrolled in the after school programs each week. The programs

enhanced the educational, social, cultural, emotional, and physical development of youth through safe, developmentally appropriate activities. Parents reported that their children were showing positive changes. Young people participated in community service activities and became involved in a variety of activities which included tutoring, homework, recreation, theater, reading, art, sports, wilderness trips, martial arts, non-electronic gaming and preparing for and starting a business. Services were provided throughout the school year and the summer.

During FY 2008, the DHHS contracted with fifteen agencies who were awarded funds through a competetive RFP process. The following is a list of those agencies, the amount of Fund for a Healthy Maine funds they received and the number of program participants. Please note that the number of participants is an average weekly attendance number:

Agency	Amount	
A Company of Girls	$17,656	35
Alfond Youth Center	$22,419	56
Auburn Department of Education	$27,413	112
Capital Kids/Augusta	$30,413	137
Charlotte White Center– Life Jackets	$30,434	13
Child Health Center	$30,413	22
City of Gardiner Recreation Department	$28,814	268
Houlton Band of Maliseets	$30,369	18
Midcoast Adult and Community Education	$29,837	75
New Strategies for Youth	$29,856	115
Penquis CAP	$30,579	7
Riverview Foundation	$90,049	53
Town of Millinocket	$30,344	42
Westbrook Youth Center	$29,841	181
York Hospital	$29,837	96
Total	**$488,274**	**1230**

As part of the contract with the department, agencies are required to submit success stories of children served by their program and how the children benefited from this service. The following is an excerpt from one of these stories:

A 13-year-old who has spina bifida and is confined to a wheelchair went kayaking with about 10 other students. Although he has almost no feeling in his legs, he was able to use his arms to paddle. You could see the pride in his face as he paddled alongside his peers. He even went on a couple day trips kayaking, which included a swimming stop at a couple of Millinocket's island beaches. He was able to get out of the kayak and crawl on the beach with his peers. It was incredible to see how he interacted with the other students and how accepting they were of him. It was a very positive experience for him and everyone involved.

4. Fund for a Healthy Maine also provides funds for Maine's network of eight Resource Development Centers (child care resource and referral agencies) which provide a range of services to parents, child care providers, and the community at large. They each maintain a database of available child care programs in their region and offer free referrals to parents looking for child care options. Over 6,700 Maine families received consumer education and referral services from their local agency in 2008. The Resource Development Centers also serve as the regional training sites for child care providers. They delivered 2940 hours of Maine Roads to Quality Training and 2190 hours of elective training to providers in 2008.
5. DHHS contracted with the following agencies in FY 2008 for the Resource Development Center in their region.

Agency	FHM Amount Allocated
Aroostook County Action Program	$15,029
Child and Family Opportunities Inc.	$14,826
Child Care Services of York County	$15,130
Coastal Economic Development	$15,281
Community Concepts Inc.	$19,799
Penquis Community Action Program	$18,761
Southern Kennebec Child Dev. Corp.	$18,783
Southern Maine Area Agency on Aging	$21,280
Total	$138,889.00

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Office of Substance Abuse Allocation

The Maine Office of Substance Abuse is the single state administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services.

The Office provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse, and dependency.

The following outlines the use of the Fund for a Healthy Maine by the Office of Substance Abuse.

Substance Abuse Prevention and Treatment Service Providers Funded by the Fund for a Healthy Maine in FY 2008:

Annualized Award:	Program Name:	Town:
$101,237	Acadia Healthcare Inc.	Brewer
$65,440	AdCare Educational Institute of Maine Inc.	Augusta
$1,500	Area IV Mental Health Coalition (Common Ties Mental Health)	Lewiston
$313,243	Aroostook Mental Health Services Inc.	Caribou
$50,000	Bangor, City of	Bangor
$373,164	Catholic Charities of Maine	Portland
$5,440	Child Health Center	Norway
$2,500	Co-Occurring Collaborative	Portland
$16,015	Community Concepts Inc.	South Paris
$2,865	Community School	Camden
$128,847	Counseling Services, Inc.	Saco
$4,270	Crisis & Counseling Center, Inc.	Augusta
$361,867	Crossroads for Women, Inc.	Portland
$500	Down East Aids Network Inc.	Ellsworth
$520,889	Day One (Drug Rehabilitation Inc.)	Cape Elizabeth
$74,298	Eastport Health Care Inc.	Eastport
$126,000	GHS Data Processing Services, Inc.	Augusta
$69,350	HealthReach Network	Waterville
$3,203	Indian Township Tribal Government	Indian Township
$36,000	Kennebec Behavioral Health	Waterville

$23,320	Kit Solutions Inc.	Pittsburg PA
$85,599	Maine Association of Substance Abuse Programs (MASAP)	Augusta
$1,000	Maine Center on Deafness	Portland
$373,447	Maine Pretrial Services Inc.	Portland
$51,068	MaineGeneral Medical Center	Waterville
$5,440	MSAD #68	Dover-Foxcroft
$1,068	Mayo Regional Hospital	Dover-Foxcroft
$55,000	Medical Care Development	Augusta
$24,685	Mid Coast Hospital (AdditionResource Center)	Brunswick
$260,000	Milestone Foundation Inc.	Old Orchard Beach
$1,000	New Beginnings Inc.	Lewiston
$13,878	Open Door Recovery Center	Ellsworth
$5,393	Penquis Community Action Program Inc.	Bangor
$12,000	Peoples Regional Opportunity Program (PROP)	Portland
$475,000	Phoenix Houses of New England	Providence, RI
$92,833	Portland, City of	Portland
$1,068	Regional Medical Center at Lubec	Lubec
$231,667	Results Marketing & Design LLC (Ethos Marketing & Design)	Portland
$72,700	Serenity House Inc.	Portland
$108,152	Spectrum Health Systems Inc.	Worcester, MA
$30,000	Spring Harbor Hospital	South Portland
$327,059	Tri-County Mental Health Services	Lewiston
$80,000	University of Southern Maine	Portland
$75,000	Volunteers of America Northern New England	Bath
$1,000	Washington County Psychotherapy Associates	Machias
$206,200	Wellspring Inc.	Bangor
$94,000	York County Shelters, Inc.	Alfred
$1,068	York Hospital	York
$3,204	Youth & Family Services, Inc.	Skowhegan

Maine Office of Substance Abuse Fund For A Healthy Maine Spending Plan

SFY 2008 Allocations:

Medicaid Seed—Actual Payments:

Private Non-Medical Institutions $ 1,279,845

Adult Drug Courts: $ 959,707

Juvenile Offenders: $94,362

Adult Offenders: $460,211

Prevention: $863,421

Detox: $251,632

Adolescent Community-Based Treatment: $760,408

Residential Treatment: $1,312,595

Outpatient Treatment: $206,051

Dual Diagnosis: $162,828

Development and Evaluation: $218,761

Total: $6,569,821

The majority of substance abuse prevention and treatment funds come from federal sources with the federal Substance Abuse Prevention and Treatment block grant being the largest single source of funding and two other block grants, the Safe and Drug Free Schools and the Enforcing Underage Drinking Laws block grants adding to prevention funding.

The tobacco funds allocated to the Office of Substance Abuse were directed to addressing the issues raised in a 1998 report called Alcohol: The Largest Hidden Tax. This report outlined unmet needs totaling over $20 million dollars and the FHM allocation was earmarked to address the most pressing of those needs.

Consequently, the FHM funds were primarily directed toward treatment of the most underserved populations including adolescents, people involved in the criminal justice system and people with co-occurring mental illness. Additionally, about 20% of the funds were allocated to Medicaid seed in order to maximize access to federal funds for treatment.

By 2006 Maine had experienced a 32% increase in number of clients served in treatment from 2000, before the FHM allocation. There were 18,951 client admissions representing 14,622 clients in SFY08. The number of admissions has remained relatively consistent over the last three years as the treatment system seems to have reached its capacity. OSA has been working with providers to increase access and retention in treatment using process improvement; this work has allowed us to maintain a steady increase in the number of people provided care within existing capacity and fiscal resources available.

In 2008 services provided included 654 served in adult criminal justice, 834 adolescents receiving treatment services and 928 assessed for need for services through the adolescent treatment network. 330 treated in the adult and 120 in the juvenile drug court programs, and over 60 women were treated at the women's correctional facility all funded by the FHM. These admissions include a significant increase in

admissions of clients with co-occurring mental illness, despite a general decrease in admissions for the past three years, and almost a 50% increase in criminal justice system referrals from 2000.

In 2005, OSA continued funding to the parent/mentoring programs and the environmental strategies that were originally funded with the $800,000 earmarked for prevention services. These grants were put out to bid in July with new efforts funded for SFY 2008 - 2009.

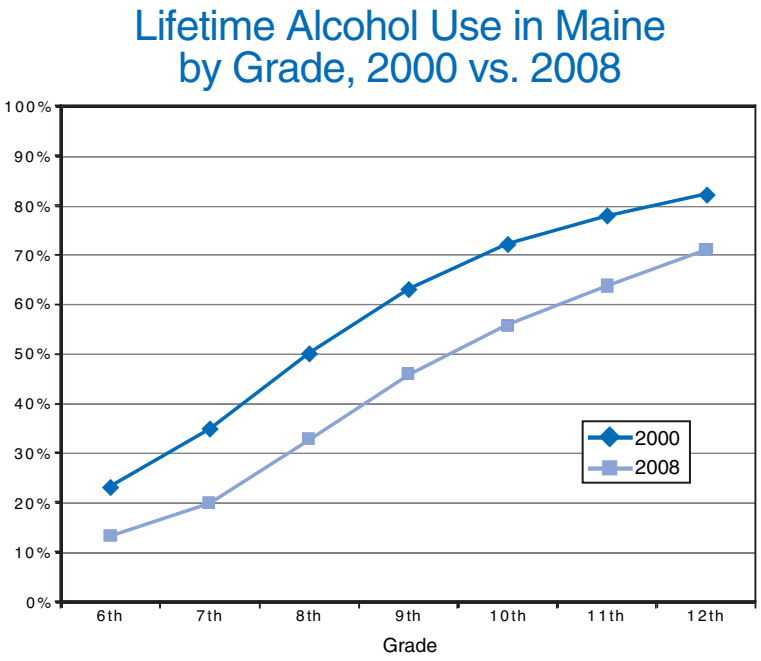
2008 Maine Youth Drug & Alcohol Survey/Youth Tobacco Survey Results

Maine Youth Drug and Alcohol Use Survey/Youth Tobacco Survey(MYDAUS/YTS) is a survey of 6th through 12th graders in Maine's public and quasi-public schools, administered every two years by the Maine Department of Health and Human Services. Its purpose is to assess: 1) the use of alcohol, tobacco, other drugs; 2) related pro-social and antisocial attitudes and behaviors; and 3) the risk and protective factors, which influence the student's choice of whether or not to engage in prohibited behaviors. In recent administrations of the survey, an average of 80 percent of all eligible schools have participated (66% of all eligible students in the state), with all 16 Maine counties represented in the results.

The MYDAUS/YTS is currently supported by a combination of State General Funds and the Fund for a Healthy Maine. It is co-funded by the Department of Health and Human Service's Office of Substance Abuse and Maine Center for Disease Control and Prevention.

Lifetime Alcohol Use, 2000 – 2008

Lifetime alcohol use continues to decrease. There was a 22% decrease in lifetime alcohol use for youth in grades 6-12 since 2000. The largest decrease from 2000 was from 8th grade students where prevalence of lifetime use of alcohol went from half (50%) in 2000 to one third (33%) in 2008. The most dramatic changes over the past eight years have been at the lower grades with lifetime use decreasing by 39% for middle school students since 2000 (from 36.3% to 22.2% of students in grades 6-8 reporting ever having had more than a few sips of an alcoholic beverage).

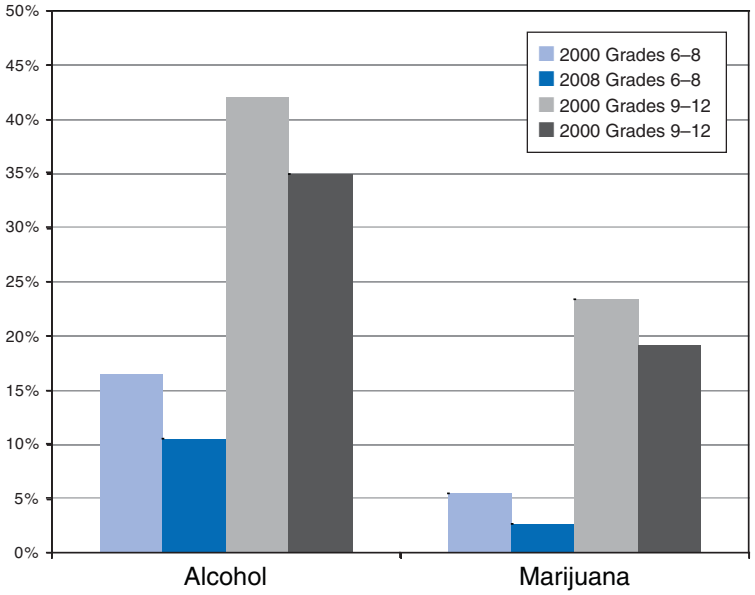


30-Day Alcohol and Marijuana Use in Maine, 2000 – 2008

Alcohol use in the 30 days prior to the Maine Youth Drug & Alcohol Survey (MYDAUS) administration decreased 18% among Maine's 6th through 12th graders. 30-day alcohol use decreased from 30.8% in 2000 to 25.3% in 2008. Among high school students (grades 9-12), there was a 16.8% reduction (42.1% in 2000 to 35%) and for middle school students (grades 6–8), there was a 36% reduction in 30-day alcohol use (16.5% in 2000 down to 10.6% in 2008).

Reported 30-day marijuana use among Maine students has also declined since 2000. Among students in grades 6–12, reported use decreased from 15.6% in 2000 to 12.7% in 2008, a decrease of 19%. Among high school students (grades 9-12), there was a 18.3% reduction (23.4% in 2000 to 19.1%) and for middle school students, 30-day marijuana use decreased from 5.6% in 2000 to 2.8% in 2008, a decrease of 50%.

Maine Students Past 30-Days Substance Use for Grades 6–8 and 9–12, 2000 vs. 2008



MaineCare Pharmacy Benefits

The Pharmacy Unit in the Division of Healthcare Management within MaineCare manages the pharmacy benefit for all MaineCare members.

- CMS requires all Medicaid programs to cover all FDA approved drugs as long as the manufacturer participates in the OBRA 90 rebate program
- All medications must be medically necessary and have a prescription
- Some over-the-counter drugs may be covered with DHHS approval and with a prescription
- Medicare D Excluded drugs

In addition:

- All drugs are available, some have limits or require prior authorization
- The Preferred Drug List (PDL) was implemented for better clinical management and cost containment
- The 4 brand limit was implemented to increase generic use for adults and does not include HIV medications, cancer treatments, or atypical antipsychotics.

Non-covered drugs include:

- Weight loss drugs
- Erectile dysfunction drugs
- Fertility drugs
- Cough and cold drugs

MaineCare also administers drug benefits not paid for with Federal MaineCare funding. They include:

- The Drugs for the Elderly (DEL) statute allows for integration and flexibility to administer the benefit. One of the sources of funding for DEL is the Funds for a Healthy Maine. Most members who are covered under DEL are also receiving Medicare Part D. Because the coverage under Medicare Part D was not as comprehensive as the DEL benefit and in order to ensure the safety net for our members (totaling 35,576 members), funding of the benefit provides for the following:
    - Payment of Medicare Part B premiums, this allows for the payment of prescription drugs through Medicare and allows the DEL member to be treated like a dual eligible MaineCare member for the purposes of Part D (i.e. no Part D premium, lower copayments, no deductible and no coverage gap)
    - Medicare Part D premiums for eligible DEL members as a coverage wrap benefit for services that are not covered or fall into the Medicare Part D coverage gap
    - Staff salaries for staff who provide Medicare Part D information, phone assistance and outreach and education about the benefit
    - The provision of legal assistance for members who have difficulty obtaining drug coverage through the Medicare prescription plans
    - A small array of drugs for members who do not get Medicare Part D

Eligibility:

- Maine resident
- Age 62 and older, or age 19+ and disabled
- Income at or less than 185% FPL (income limit is 25% higher if at least 40% of yearly income is spent on prescription drugs)

Basic Benefit:

Currently there are 3,142 members on the basic benefit.

The State pays 80% plus $2.00 for all DEL covered drugs listed on the preferred drug list to treat the following conditions:

ALS (Lou Gehrig's Disease)

Anticoagulation

Arthritis

Chronic Lung Disease (including Emphysema and Asthma)

Diabetes

Glaucoma

Heart Disease

High Blood Pressure

Hyperlipidemia (High Cholesterol)

Incontinence

Multiple Sclerosis

Osteoporosis (Bone Density Loss)

Parkinson's Disease

Thyroid Disease

Supplemental Benefit:

The Supplemental benefit includes other drugs not covered in the Basic Benefit. The drugs must be medically necessary and supplied from participating manufacturers. Actual savings vary from drug to drug. DEL Members pay the State's negotiated MaineCare rate minus $2.00.

Catastrophic Spending Limit:

After a Member spends $1,000 on eligible prescription drugs, the State pays 80% of the cost of all eligible prescription drugs, regardless of any disease or condition. The drugs must be medically necessary and supplied from companies with agreements with the State. Eligible prescription drugs are only those drugs that were covered by DEL on May 31, 2001. The Catastrophic Spending Limit is tracked from August 1st each year to July 31st of the following year.

Note:

- Some drugs require 'prior approval' for coverage.
- Coverage through DEL is funding of last resort. Members with other prescription drug coverage must use those benefits first.
- Members with Medicare Part D coverage are eligible for DEL Wrap benefits only.

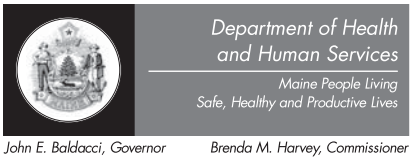
Division of Licensing and Regulation

The mission of the Division of Licensing and Regulatory Services is to support access to quality and effective health care and social services for Maine citizens by developing and applying regulatory standards that help people have safe and appropriate outcomes.

The Division is responsible for licensing medical and long term care facilities, assisted living, residential care, Private Non-Medical Institutions, mental health service providers, substance abuse agencies, and programs and services to children. The Division is also responsible for regulation of health care facilities and providers under the Certificate of Need Act, the Hospital Cooperation Act and laws pertaining to Continuing Care Retirement Communities.

FHM funds are utilized by DLR for the following 9 FTE's:

- Office Associate I for Child Care Licensing (1 FTE)
- Social Services Program Specialist I in Mental Health/Substance Abuse Licensing (1 FTE)
- Community Care Workers licensing Child Care Facilities (4 FTE's)
- Social Services Program Specialist II supervising licensing of Child Care Facilities (1 FTE)
- Social Services Program Specialist I in Out of Home Investigations (1 FTE, 2 charged to grant 1/2 time for 1 FTE)



John E. Baldacci, Governor *Brenda M. Harvey, Commissioner*

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